Advanced Clinical Services Maximising Output

Oral Contraception Service

Hypertension Case Finding

Overview of the Common Conditions Service

- Pharmacy first is a new Advanced service that will include seven new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS) over time.
- The service consists of three elements:

Clinical Pathway consultations

- new element

Urgent supply of repeat meds and appliances

- previously part of CPCS

Referrals for minor illness consultations

- previously part of CPCS

There are no changes to the former CPCS elements of the service, e.g. referrals are still required and telephone consultations are still possible, where clinically appropriate

What are the seven conditions?

Sinusitis

12 years and over

Sore Throat

5 years and over

Acute otitis media

1 to 17 years

Infected insect bite

1 year and over

Impetigo

1 year and over

Shingles

18 years and over

Uncomplicated UTI

Women 16 to 64 years

https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/pharmacy-first-clinical-pathways-resources/

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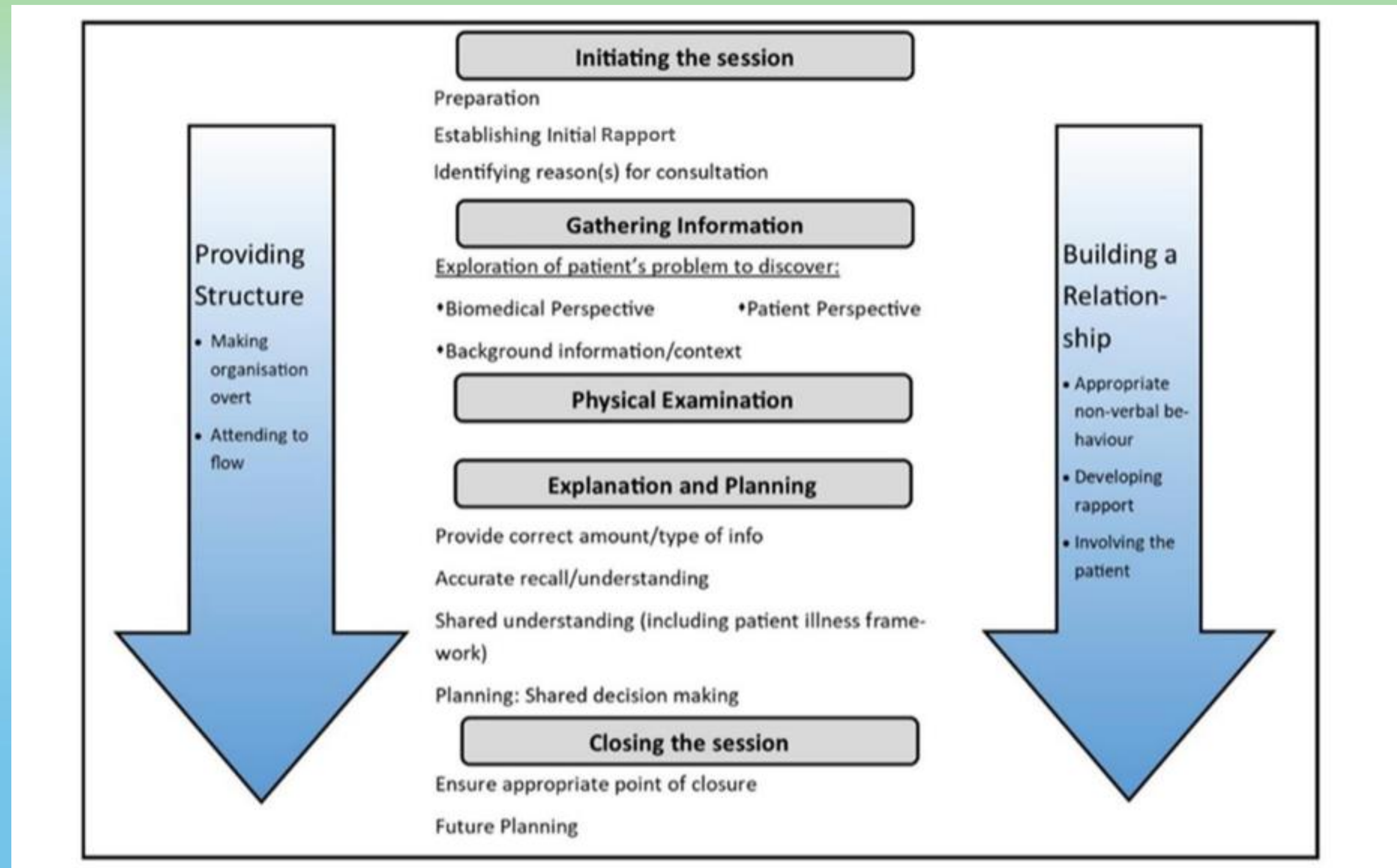
Calgary Cambridge Model of Consultation



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Competency and Training - Mandatory

Safeguarding Level 3 (MANDATORY see service specification 3.7 for more details). Pharmacists must complete one of the Safeguarding level 3 training materials below OR have direct access to professional advice from someone who can advise on Safeguarding at Level 3.		
Elearning for healthcare Safeguarding Children and Adults Level 3 for Community Pharmacists	This is a recording of the Level 3 Safeguarding webinar tailored specifically for staff working in community pharmacies hosted by NHS England's Community Pharmacy and Safeguarding teams. The session was led by Kenny Gibson MBE, National Head of Safeguarding, who was joined by Ade Williams, Superintendent Pharmacist at Bedminster Pharmacy, Victoria Steele, Superintendent Pharmacist at Lloyds Pharmacy, and Marc Donovan, Chief Pharmacist at Boots UK. The panel discussed the signs of abuse and what to do if these signs are recognised in community pharmacy.	This learning takes an estimated one hour to complete.
or		
elearning for healthcare Safeguarding Children and Young People	Safeguarding Children and Young People Level 3 covers a wide range of topics including management of sudden or unexpected death in childhood, parental risk factors, unexplained injuries, neglect in a disabled child, fabricated and induced illness and adolescents presenting with suspected sexual assault.	This learning takes an estimated five hours to complete.

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Competency and Training - Recommended

Sexual health *		
Sexual health in pharmacies e-assessment	This e-learning and associated assessment aims to support the community pharmacy team in developing and providing a sexual health service. This programme focuses on sexually transmitted infections (STIs).	This learning takes an estimated six hours to complete.
or		
Sexual and Reproductive Health (e-SRH)	The following sub-sections of Faculty of Sexual and Reproductive Healthcare (FSRH) Sexual and Reproductive Health (e-SRH) Sexually transmitted infections (STIs) unit, and associated assessments: • 09_01: Epidemiology and transmission of STIs: This session describes the epidemiology, risk factors, signs, symptoms and complications of common sexually transmitted infections (STIs) in the UK. • 09_02: STI testing: This session will cover testing for common sexually transmitted infections (STIs) and blood-borne viruses (BBVs). It will explore current testing options for these in the community and home testing and when to refer to specialist services. This session looks at the diagnostic methods used for vaginal discharge. It describes asymptomatic screening for STIs in men and women. • 09_03: STI management: This session gives an overview of the current management of commonly encountered sexually transmitted infections (STIs). • 09_04: Partner notification: The session will explore the principles, practical application and various ways of carrying out partner notification (PN) when dealing with sexually transmitted infections (STIs).	Depending on prior experience, it is estimated that this will take you approximately three hours to complete.

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Emergency contraception *		
CPPE **Emergency contraception e-learning and associated e-assessment**	This e-learning and associated assessment will help you to identify who may need advice and support, show how you can give that support and help you find the best course of action. It includes information on emergency hormonal contraception, and the intrauterine device.	This learning takes an estimated three hours to complete.
Contraception *		
CPPE **Contraception e-learning and associated e-assessment**	This e-learning and associated assessment will equip you with the up-to-date skills and knowledge that you need to confidently support and advise patients who use or might use contraception.	This learning takes an estimated six hours to complete.
CPPE **Shared decision making on initiation of contraceptive pills – Top tips.**	In response to the launch of the NHS Pharmacy contraception service, we have created this video, Shared decision making on initiation of contraceptive pills – Top tips. It introduces topics around shared decision making on initiation of contraception, within this service. These include the choice of pills, and practical considerations for running the service. The accompanying PDF contains links to references that are included in the video.	This learning takes an estimated half an hour to complete.
or		
elearning for healthcare **Sexual and Reproductive Health (e-SRH) - section 3: Contraceptive choices, and associated assessments**	The following sub-sections of the Faculty of Sexual and Reproductive Healthcare (FSRH) Sexual and Reproductive Health (e-SRH) Contraceptive choices unit, and associated assessments • 03_01: Mechanism of action, effectiveness and UKMEC: This unit will give an overview of the contraceptive choices that are currently available and explore their effectiveness. It will outline the principles of assessment so that safe contraceptive choices can be offered using evidence-based guidance. The session will also discuss the mechanisms for initiating and switching methods. • 03_02: Choosing contraceptive methods: This unit will discuss the principles, practical application and various ways of exploring an individual's preference when wanting to start or change their method of contraception. • 03_03: Combined hormonal contraception: This unit looks at the use of combined hormonal contraception (CHC) methods containing oestrogen and progestogen. It gives an overview of the advantages, disadvantages and possible side-effects, as well as how to counsel individuals wishing to commence or continue using CHC. • 03_04: Progestogen only methods (oral and injectable): This unit details the oral and injectable progestogen-only (PO) contraceptive methods, their advantages and disadvantages, including side-effects and contraindications. Safe prescribing and administration will also be discussed. • 03_07: Barrier Contraceptives: This unit will discuss barrier methods of contraception, including their efficacy, advantages and disadvantages. It also explores how to undertake a consultation with an individual, considering barrier methods of contraception, including counselling, information-giving and practical aspects.	Depending on prior experience, it is estimated that this will take you approximately three hours and 30 minutes to complete.
And		
elearning for healthcare **Sexual Health (PWP) - External resources section - FSRH Contraceptive Counselling e-learning**	This e-learning programme aims to support you to deliver effective contraceptive care. It features a range of case studies, video content and additional reading resources to support your learning.	This learning takes an estimated two hours to complete.

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Competency and Training – the team

- **Oral Contraception - Pharmacy Team Training**

- Updated December 2023
- **Course Objectives**
- To understand the background and objectives of the oral contraception tier 1 and 2 service
- To understand what your pharmacy needs to have in place to deliver the service
- To understand what needs to be included in a consultation with a person.
- To share some hints and tips on how you can increase people’s awareness of the service
- To understand how you can work with GP practices and sexual health services
-
- Course length – 15 minutes

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Key service documentation

- Service specification
- PGDs (COC & POP)
- Community Pharmacy England Briefing 031/23: Guidance on the NHS Pharmacy Contraception Advanced Service

Classification: Official

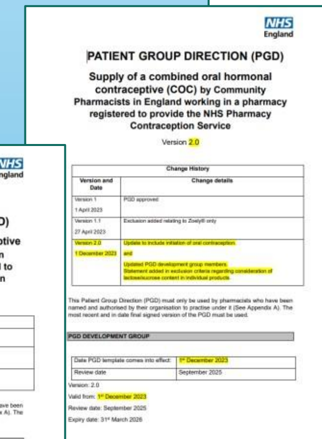
Publication approval reference: PRN00751

NHS England

Community Pharmacy advanced service specification

NHS Pharmacy Contraception Service

Version 2.0


NHS England

PATIENT GROUP DIRECTION (PGD)

Supply of a combined oral hormonal contraceptive (COC) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service

Version 2.0

Change History	
Version and Date	**Change details**
Version 1 1 April 2023	PGD approved
Version 1.1 27 April 2023	Exclusion added relating to Zoely® only
Version 2.0 1 December 2023	Update to include initiation of oral contraception and Updated PGD development group members. Statement added in exclusion criteria regarding consideration of lactose/sucrose content in individual products.

This Patient Group Direction (PGD) must only be used by pharmacists who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

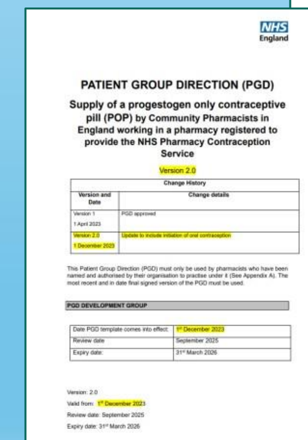
Date PGD template comes into effect:	1st December 2023
Review date	September 2025

Version: 2.0

Valid from: 1st December 2023

Review date: September 2025

Expiry date: 31st March 2026


NHS England

PATIENT GROUP DIRECTION (PGD)

Supply of a progestogen only contraceptive pill (POP) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service

Version 2.0

Change History	
Version and Date	**Change details**
Version 1 1 April 2023	PGD approved
Version 2.0 1 December 2023	Update to include initiation of oral contraception

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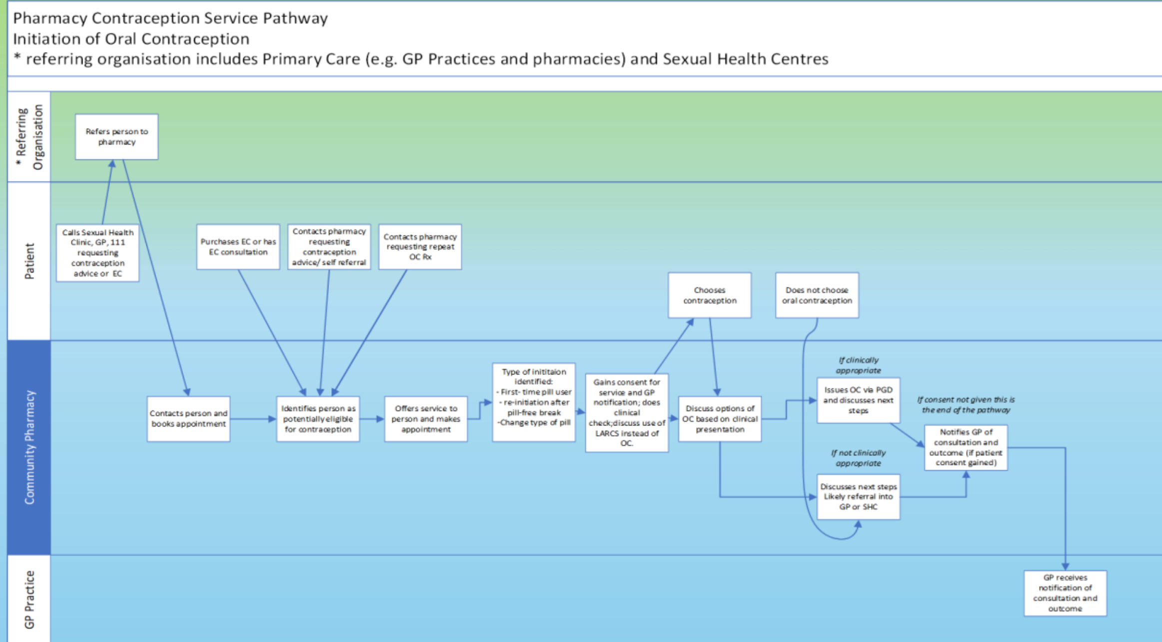
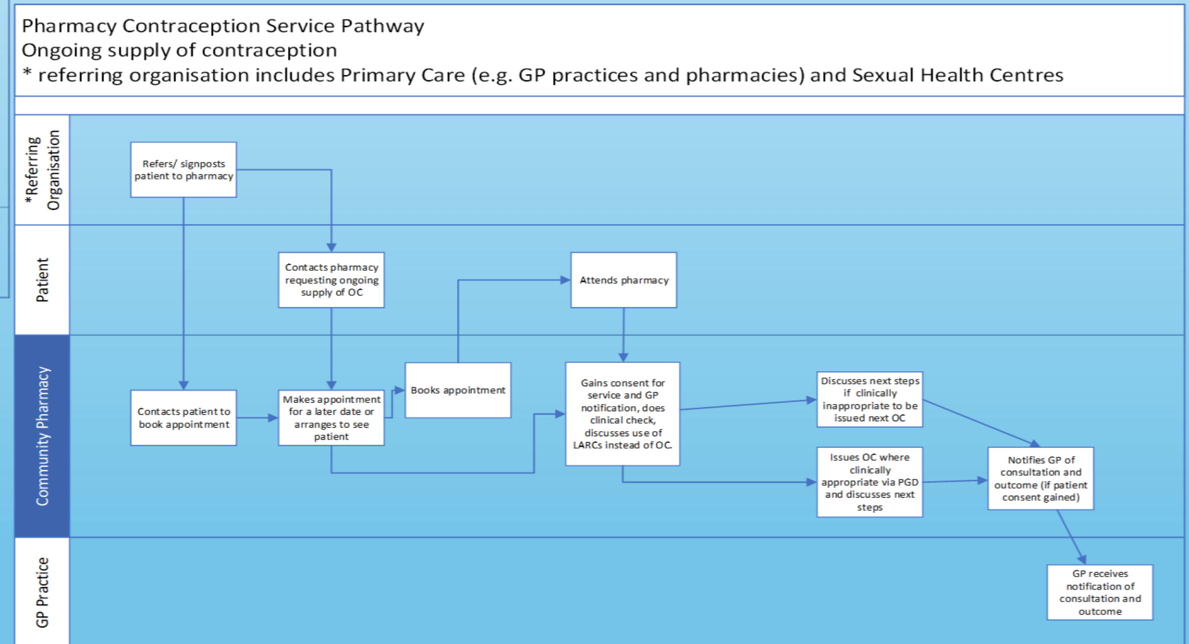
Pathways



Initiation pathway

Ongoing supply pathway



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Providing the service

- **Promoting the service in the pharmacy**
  - ✓ Posters, leaflets, digital media
  - ✓ Collecting a prescription
  - ✓ Accessing other services
- **Booking appointment / walk in**
  - ✓ Respond to anybody requesting the service as soon as is reasonably possible
- **Consent is verbal**
  - ✓ Provide awareness of sharing of information
  - ✓ If no consent to share with their general practice, do not send GP service notification

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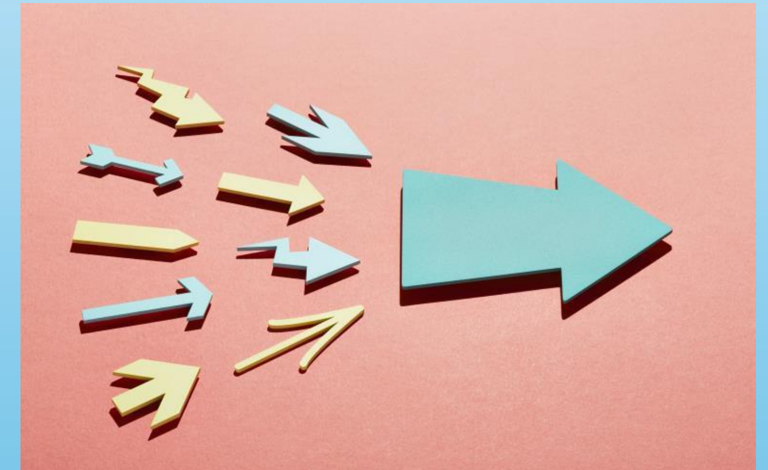
Providing the service

Access routes:

- Pharmacy identified
- Self-refer
- Referred

For the purposes of this service, a referral includes active signposting to attend the pharmacy to receive the service.



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Eligibility

Inclusion criteria

- Seeking to be initiated; or
- Seeking a further supply of their ongoing OC:

  - Combined oral contraceptive (COC) – age from menarche up to and including 49 years of age
  - Progestogen only pill (POP) – age from menarche up to and including 54 years

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Eligibility

Exclusion criteria

- Considered clinically unsuitable
- Excluded according to the PGD protocols, including, but not limited to:
  - 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 inclusion and exclusion criteria are listed in the PGDs

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Hypertension Case Finding

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Hypertension case finding

- From 1st December 2023, the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- Where non-registered pharmacy staff provide the service, until clinical IT systems are updated to allow their names to be entered within the clinical record, the name and GPhC registration number of the responsible pharmacist should be included in the clinical record.

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Key Changes

Greater use of pharmacy staff	Must have an ABPM device	Additional exclusion criteria	Additional safety netting	Updated Annexes
▪ Trained & competent ▪ Delegated by RP ▪ Selection of patients ▪ Measurement of BP ▪ Can discuss results ▪ Can contact the practice to refer	▪ Must have both devices	▪ People diagnosed with AF / irregular heartbeat	▪ Need to highlight any patients with symptoms to pharmacist ▪ Need to highlight same day referral to pharmacist	▪ Summary of all captured data (Annex F) ▪ Indication of data transferred ▪ Separate annex G ▪ Additional guidance on irregular pulse

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The service

- Two stages:

➢ Stage 1 - identify people at risk of hypertension – ‘Clinic check’

➢ Stage 2 - ambulatory blood pressure monitoring (ABPM)

Need greater focus uptake of ABPM when ≥140/90mmHg

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Recommended training

- CPPE focused training can be found on the landing page when signed in
- Training is identified in multiple groups - clinical and includes some soft skills (these include consultation skills)
- Available for all registered staff who are able to deliver the service

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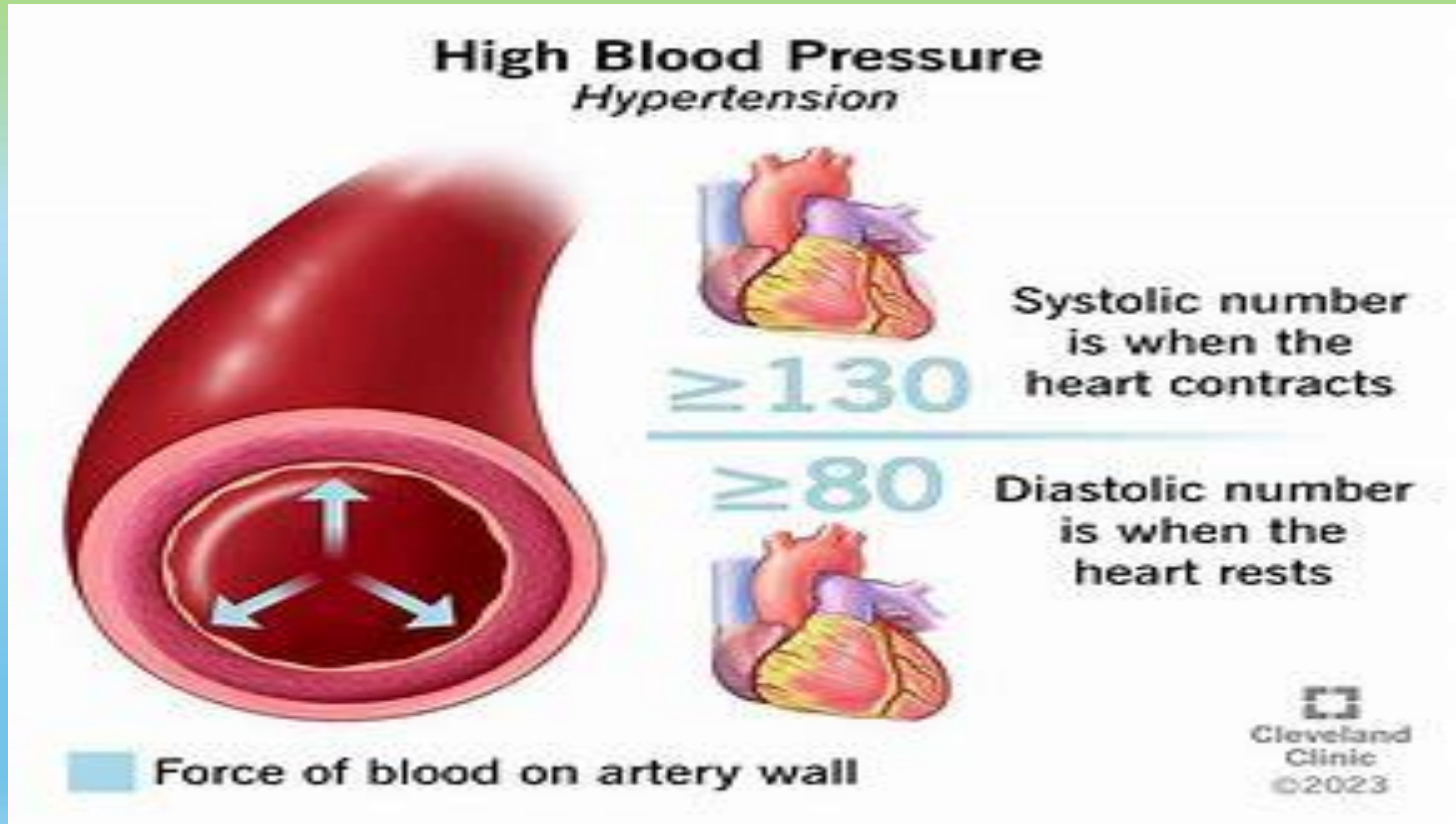
What is blood pressure?



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Patient criteria

INCLUSION CRITERIA

- Adults ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension
- Approached or self-requested 35-39 years old
- Adults with or without a prior diagnosis of hypertension specified by a general practice (clinic and ambulatory blood pressure checks)

EXCLUSION CRITERIA

- Under years old unless at the discretion or specified by a general practice
- People who have their blood pressure regularly monitored by a healthcare professional
- People requiring daily blood pressure monitoring for any period of time
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat Additional consideration

- Unable to support due to cuff size

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Blood pressure reading

- Gather the relevant equipment for **measuring blood pressure**:
- Stethoscope
- Sphygmomanometer: ensure you have an appropriately sized cuff. A cuff that's too small may overestimate BP, and a cuff that is too large will underestimate BP.
- **Attaching the blood pressure cuff**
- **1.** Check that the blood pressure cuff size is appropriate for the patient's arm and that it is fully deflated.
- **2.** Confirm the location of the brachial artery by palpating medial to the biceps brachii tendon and lateral to the medial epicondyle of the humerus.
- **3.** Wrap the blood pressure cuff around the patient's upper arm, lining up the cuff marker with the brachial artery.

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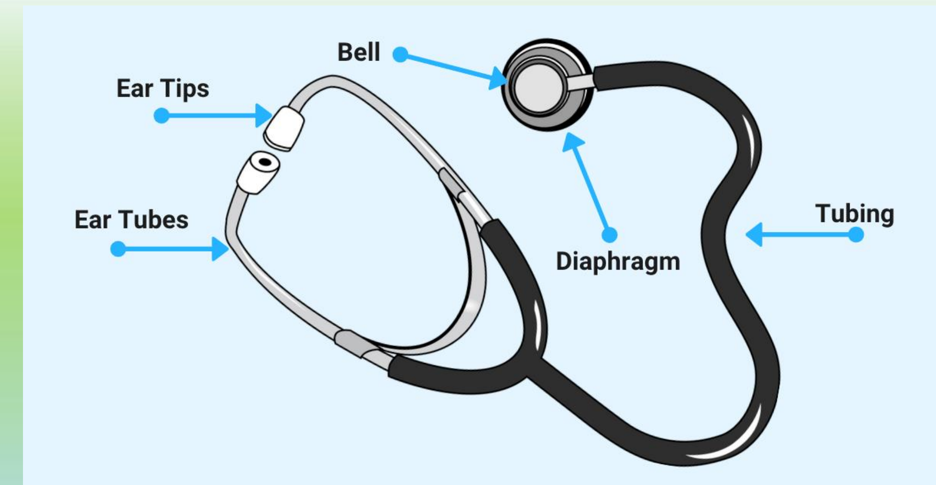
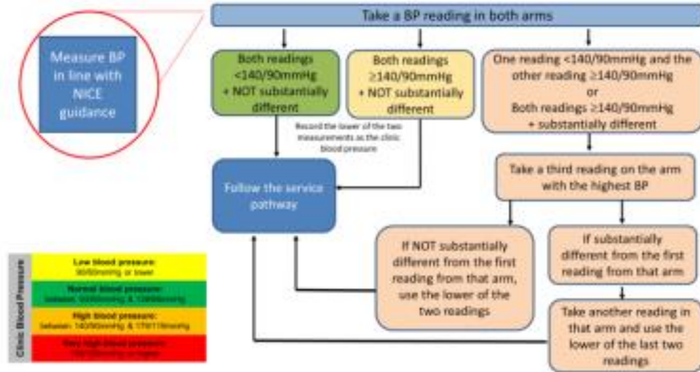
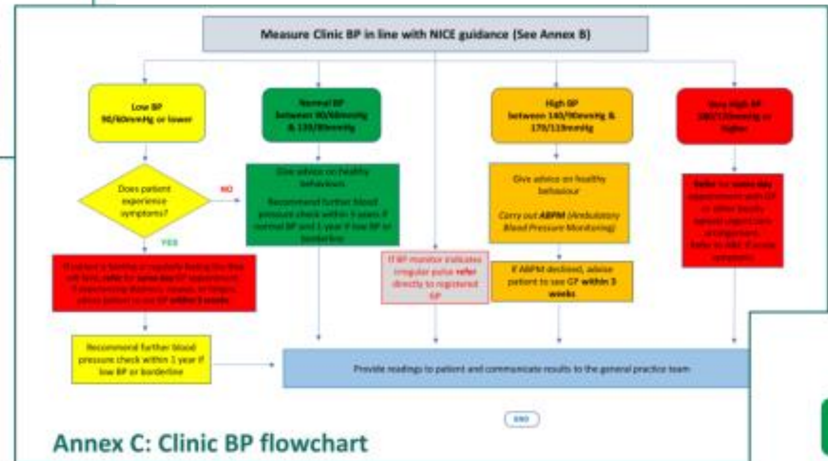
Measure the blood pressure accurately



- Now that you have an approximate systolic pressure, you can perform an **accurate assessment** of **systolic** and **diastolic blood pressure**.
- **1.** Close the valve on the blood pressure cuff.
- **2.** Position the diaphragm of your stethoscope over the brachial artery.
- **3.** Re-inflate the cuff 20-30 mmHg above the systolic blood pressure you previously estimated.
- **4.** Then slowly deflate the cuff at around 2-3 mmHg per second.
- **5.** Using your stethoscope, listen carefully for the onset of a pulsatile noise. The first of these pulsatile noises is known as the first Korotkoff sound. The pressure at which the first Korotkoff sound becomes audible represents the patient's systolic blood pressure.
- **6.** Continue to deflate the cuff, whilst listening through your stethoscope until the pulsatile sound completely disappears. The final pulsatile noise you hear is known as the fifth Korotkoff sound and represents the patient's diastolic blood pressure.
- **7.** If the patient's blood pressure is outside of the normal range you should repeat the assessment on the same arm after a few minutes and also consider assessing blood pressure using the patient's other arm.

PROVISION





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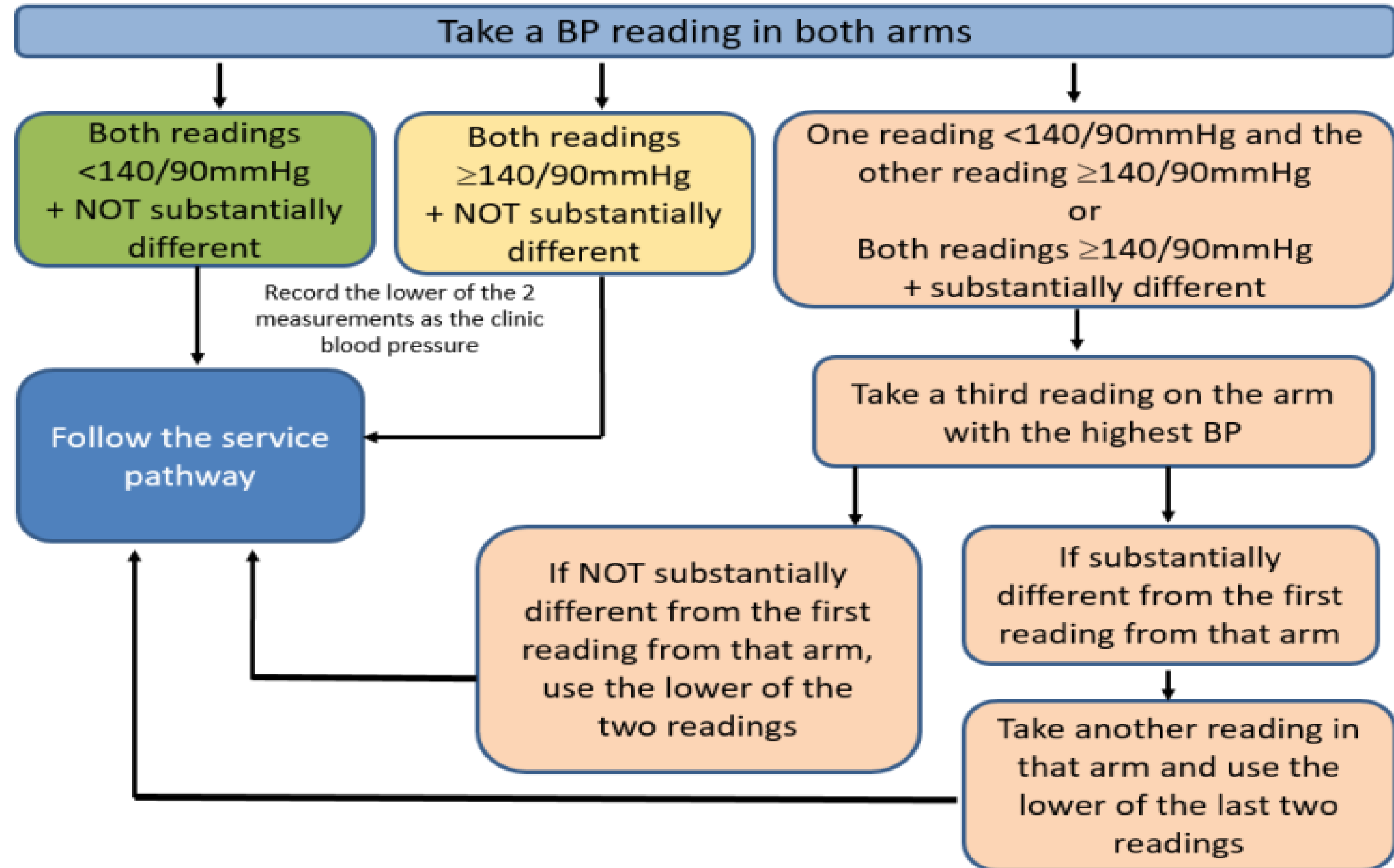
Annex B: Guidance on clinic blood pressure check



Measure BP in line with NICE guidance

Clinic Blood Pressure	
	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg & 139/89mmHg
	High blood pressure: between 140/90mmHg & 179/119mmHg
	Very high blood pressure: 180/120mmHg or higher

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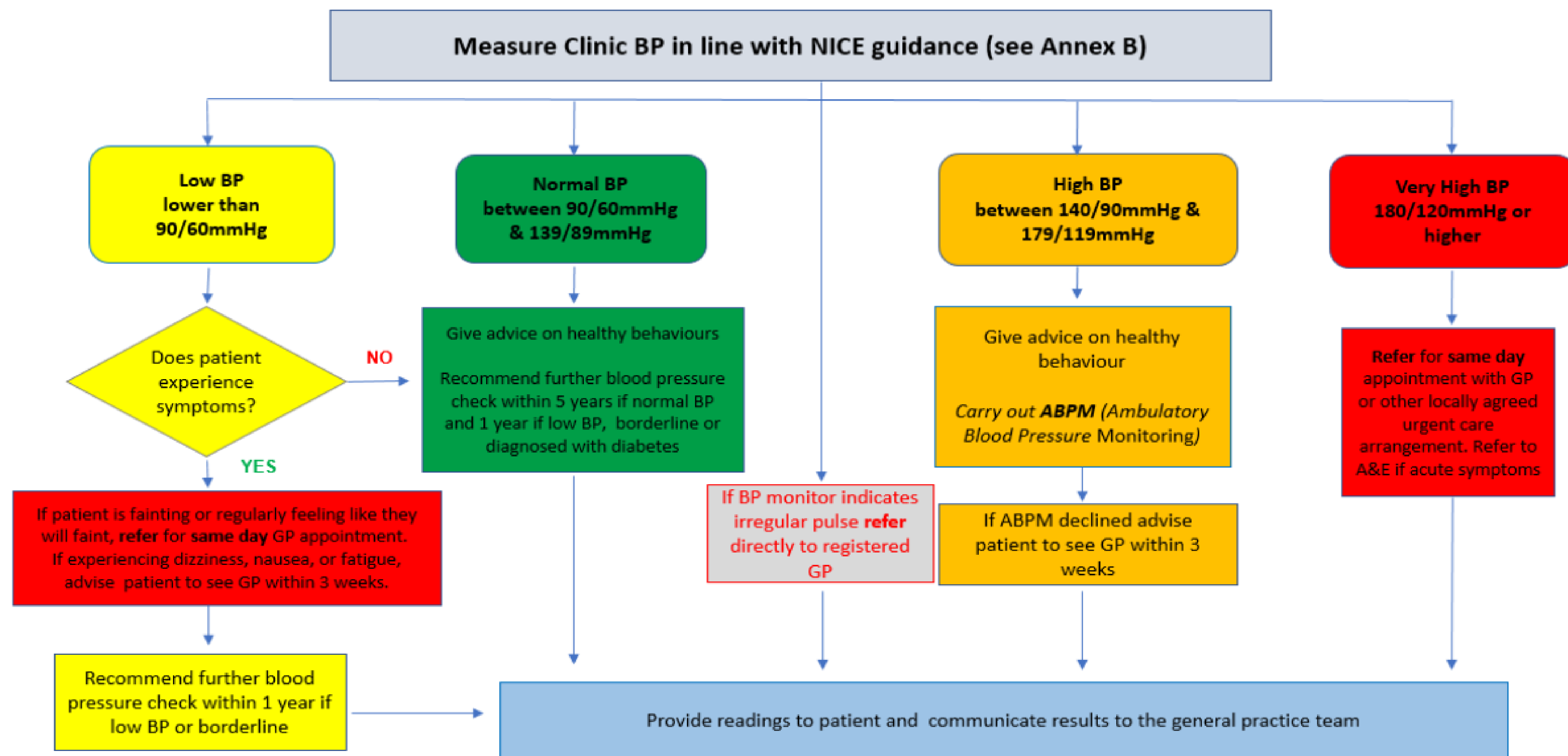
Annex C: Clinic BP flowchart



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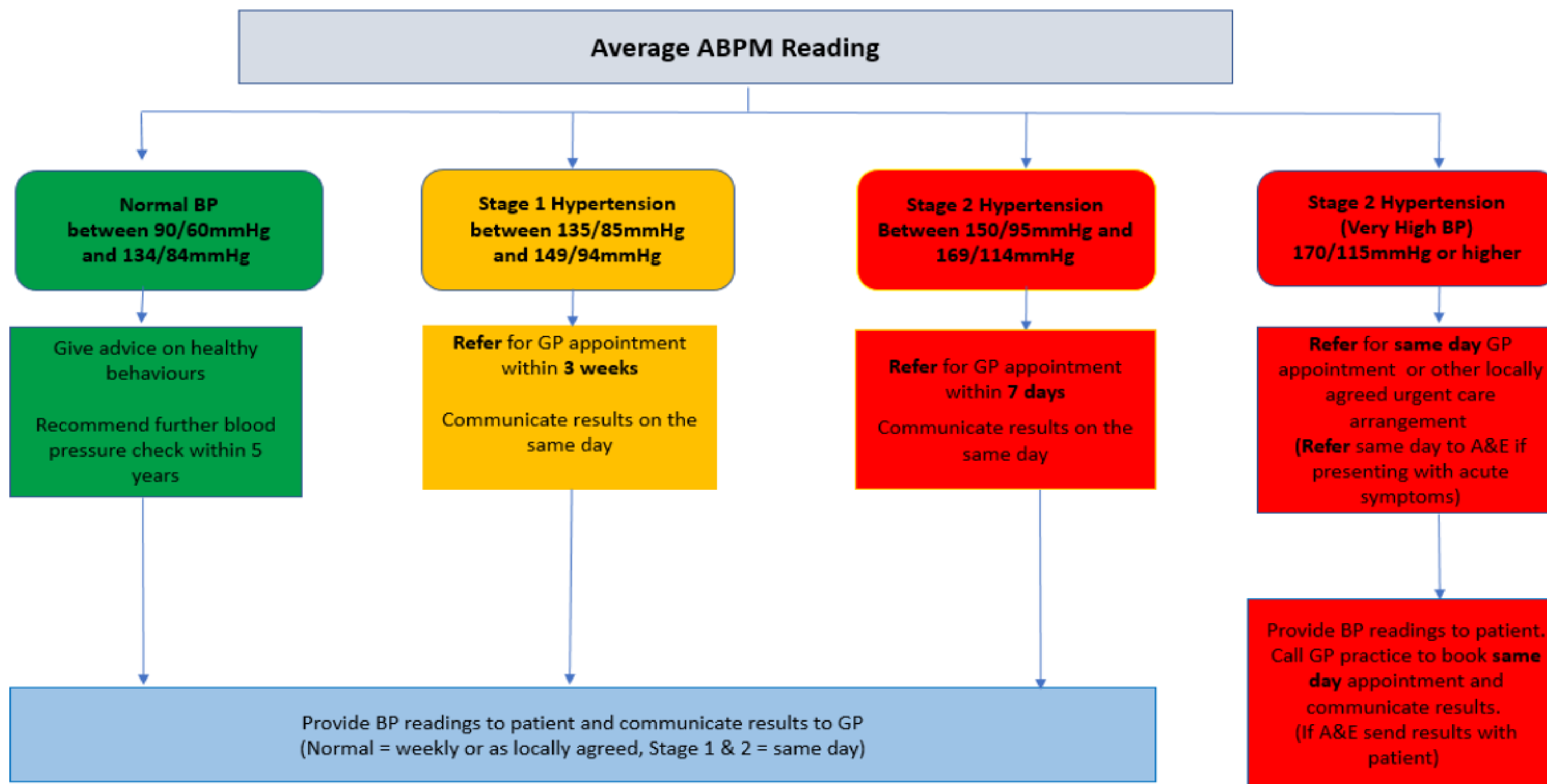
Annex D: ABPM flowchart



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Blood pressure abnormalities

- Blood pressure **abnormalities** may include:
- **Hypertension**: blood pressure of greater than or equal to 140/90 mmHg if under 80 years old or greater than or equal to 150/90 mmHg if you're over 80 years old.
- **Hypotension**: blood pressure of less than 90/60 mmHg.
- **Narrow pulse pressure**: less than 25 mmHg of difference between the systolic and diastolic blood pressure. Causes include aortic stenosis, congestive heart failure and cardiac tamponade.
- **Wide pulse pressure**: more than 100 mmHg of difference between systolic and diastolic blood pressure. Causes include aortic regurgitation and aortic dissection.
- **Difference between arms**: more than 20 mmHg difference in blood pressure between each arm is abnormal and may suggest aortic dissection.

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Why Ambulatory Blood Pressure Monitoring (abpm)

NICE [NG136] – If clinic BP ≥ 140/90mmHg offer ABPM

Benefits:

- BP patterns throughout the day (up to 24 hours)
- Confirms raised BP
- Identifies ‘white coat’ syndrome
- Helps decide if medication is required
- Further investigate those whose BP is hard to control
- To see how well medicines are controlling BP throughout the day
- To see what happens to a patient’s BP at night

ABPM

During a consultation to fit an ABPM device and in line with the device's instructions and the training provided:

•Reset the ABPM;

•Fit the ABPM to the patient;

•Explain the functioning of the ABPM device to the patient;

•Confirm that the patient understands that they need to stop any activity and rest when the cuff starts to inflate, and that the ABPM is set to take measurements every 30 minutes during waking hours (for example between 8am and 10pm) A minimum of 14 readings are needed during the person's usual waking hours to provide an accurate average reading;

•Explain they must not get the ABPM wet therefore, baths and showers should be avoided during the monitoring period; and

•Arrange a follow up appointment to discuss the readings and return the equipment.

The use of 14 readings means the latest time for an appointment to see a patient and fit an ABPM would be 2pm if monitoring is stopping at 10pm.

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Red flags

- IMPORTANT:
- If a patient’s blood pressure is dangerously high then it would be an immediate red flag referral to the GP (over 180mmhg/120mmhg
- To encourage patient compliance.
- Needs to be ‘sold’ to the patient with full information on the reasons it is necessary
- Essential to identify what next steps may be following the recording of an ABPM

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Funding and claiming payment

- The following fees have been agreed for the service:
- A set-up fee of £440;
- A fee for each clinic check of £15; and
- A fee for each ambulatory monitoring of £45.

- Data from the NHS assured IT system will be submitted to the MYS portal via an application programming interface and will be used by the NHSBSA to populate a payment claim within the MYS portal.
- The pharmacy owner has to verify the claim and submit it.
- If you submit information onto a data platform for BP and ABPM is carried out at a later date the pharmacy will only get paid once the whole service information is submitted.

- IF YOU CLAIM FOR ORAL CONTRACEPTION YOU CANNOT CLAIM AT THE SAME TIME FOR HYPERTENSION

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Summary

Hypertension is a often an indicator of other conditions

Lifestyle factors must be considered and addressed ie weight management, smoking, alcohol

The target blood pressure is different based on individual demographics and medical history

There needs to be an increase in the numbers of BP records then converted to ABPM

Red flags mean immediate referral to a GP surgery for further assessment

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Oral Contraception Service

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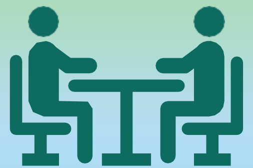
Guidance and resources

- Compliant with Terms of Service requirements for Essential services and clinical governance
- **Premises requirements**
  - ✓ Consultation room



- **IT requirements**
  - ✓ **Must** use an NHS-assured clinical IT system
  - ✓ **Annex B** – data recorded

- **Standard operating procedure**
  - ✓ SOP to cover all elements of the service
  - ✓ Pharmacy staff providing blood pressure and BMI measurements must be appropriately trained and competent

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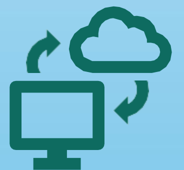
Pre-commencement activity

- Sign up via NHSBSA's MYS portal
- Recommend owners identify the hours and/or days of provision
- Update NHS Profile Manager
- Review and document local safeguarding teams contact details
- Confirm local process for referral for LARC



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Thinking about safeguarding

- Who is with you today?
- Don’t make assumptions!
- Did anyone bring you to the pharmacy today?
- Where are they now?
- Consider speaking to the person using the service alone initially to check if they want someone else who brought them present in the consultation.

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Sex and the Law - U16

- The legal age for children and young people to consent to sex is 16 regardless of sexual orientation.
- However, young people are unlikely to be prosecuted for mutually agreed sexual activity where there is no evidence of exploitation.
- Sexual offences legislation in all parts of the United Kingdom assumes that children and young people under 13 do not have the capacity to consent to sexual activity.
- It is illegal for an adult who is in a position of trust to a child or young person under the age of 18, such as a teacher or carer, to have sex with them.
- The law covers all intercourse, other penetration or sexual touching of a child. It includes sexual touching of any part of their body, clothed or unclothed, either with a body part or with an object.

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Fraser Guidelines

The Fraser Guidelines specifically relate to **contraception and sexual health** and must be followed with anyone **under the age of 16.**

It is lawful for health professionals to provide contraceptive advice and treatment to sexually active young people under the age of 16 without parental consent, **providing certain criteria are met**.

These criteria, known as the Fraser Guidelines, require the professional to be satisfied that:

1. The young person understands the health professional's advice.
2. The health professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice.
3. The young person is very likely to begin, or continue, having intercourse with or without contraceptive treatment.
4. Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer.
5. The young person's best interests require the health professional to give contraceptive advice.

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Under 13's

If the young person is **under 13 years old and sexually active**, this is a serious safeguarding issue. A **referral to child protection** must be made immediately, and the following steps followed:

REFER TO PHARMACIST. However, still support your client you have created a relationship and possibly gained trust from the young person.

- Document as much detail regarding the conversation as you can and encourage the young person to provide as much information about the sexual partner as possible
- Ask which school the young person attends and if they have a contact telephone number
- Explain to the young person that you need to seek guidance from another person, and that it is in their best interest
- Ensure you comply with your Safeguarding Policy for your organisation
- Contact your Child Protection Lead and request a referral form
- Complete a referral form and any required documentation and send to the relevant person

- Visit the LPC website for the most up to date Safeguarding Contacts

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What does initiation include?

- New to using OC
- Restarting OC
- Switching between OC
- Bridging where a LARC is desired

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Providing the service

- **Blood pressure reading & BMI**
  - ✓ Where clinically appropriate
  - ✓ Guidance available to support taking clinic BP
  - ✓ Leaflet to note results, where appropriate
  - ✓ Measurements can be supplied by the individual
- **Pre-consultation questionnaire**
- **NHS-assured clinical record systems**
  - ✓ May act as consultation prompts
  - ✓ Facilitate the recording of information
  - ✓ Annex B sets out the fields which need to be collected

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Providing the service

- Consultation

- Patient centered 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

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Progestogen only pill versus combined contraceptive pill

Progestogen only pill

- An option for some people who cannot take the combined pill.
- Irregular bleeding, may bother some people.
- Needs to be taken at roughly the same time every day. There is either a 12 hour or a 3 hour 'window' in which to take it.

Combined pill

- Cycle control – can take back-to-back and bleeding is lighter and less painful.
- Some people can't use the pill because of a risk of blood clots
- blood clots in the legs or lungs is a very rare side-effect (5-12 in 10,000 users)

Reference the Contraceptive choices website
https://www.contraceptionchoices.org/contraceptive-methods

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FSRH UK medical eligibility for contraceptive use

The PGDs list exclusion criteria and cautions – for more information see the FSRH UK medical eligibility criteria for contraceptive use.

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Choice of progestogen only pill

If a progestogen only pill is preferred, Desogestrel 75microgram tablets have a 12-hour window in which to be taken.

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Choice of combined oral contraceptive

- Faculty of sexual and reproductive healthcare guidance (FSRH) does not contain information on the choice of combined normal contraceptive pills.

- NICE CKS states 1st line option are monophasic preparations containing 30-35micrograms of oestrogen, plus either norethisterone or levonorgestrel. These have a lower risk of DVT.

- To help protect NHS resources, wherever practicable, local formularies/restrictions should also be used.
- NENC ICS Formulary: North East and North Cumbria Formulary (northeastnorthcumbriaformulary.nhs.uk)

Side-effects from a previous pill?

oestrogen side-effects

- menorrhagia, breast fullness, migraine type headaches, fluid retention, tiredness, irritability, nausea.
- **Try changing to a lower oestrogen or higher progestogen pill or pill with some androgenic activity.**
- Check your local formulary.

progestogen side-effects

- scanty menses, dry vagina, breast tenderness, dull type of headache, appetite increase, weight gain, premenstrual depression, leg cramps, softening of ligaments, acne, greasy hair, low mood low libido especially if associated with low mood.
- **Try changing to a less androgentic progestogen or higher oestrogen pill** (2nd line) for example Ethinylestradiol 30mcg / desogestrel 150mcg**.**
- If this is still not tolerated Ethinylestradiol 30 mcg / drospirenone 3 mg (3rd/4th line) brands include **Lucette® or Yacella® brand.**

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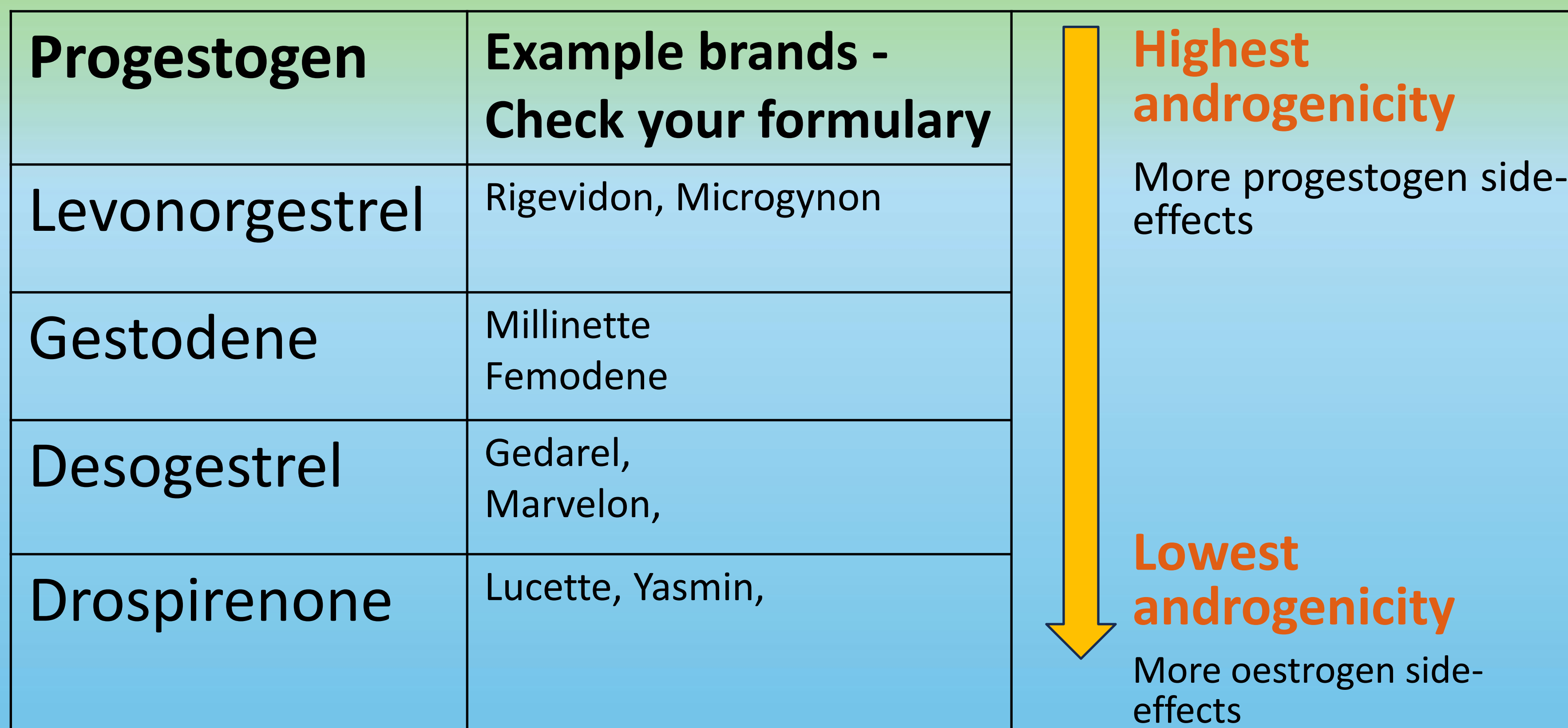
Androgenicity of progestogens



Progestogen	Example brands - Check your formulary	
Levonorgestrel	Rigevidon, Microgynon	**Highest androgenicity** More progestogen side-effects
Gestodene	Millinette Femodene	
Desogestrel	Gedarel, Marvelon,	
Drospirenone	Lucette, Yasmin,	**Lowest androgenicity** More oestrogen side-effects

Reference GP Notebook Pill ladder for combined pill (COC)Last edited 03/2020 https://www.gpnotebook.com/en-au/simplepage.cfm?ID=x20130725203135685340

FSRH combined hormonal contraception guidance, 2019 https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/

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Which Combined Contraception to use

- Traditionally pills are taken for 21 days followed by a 7-day break, then repeat.
- Tailored regimens
  - reduce the frequency of pill free break or shorten the pill free break. For example, tricycling when three packs are taken back-to-back.
  - This allows control of bleeding and can reduce symptoms associated with the pill free interval.
  - This can reduce the risk of escape ovulation and resulting contraceptive failure.
  - As safe and as effective for contraception as standard 21/7 regimens.

Reference

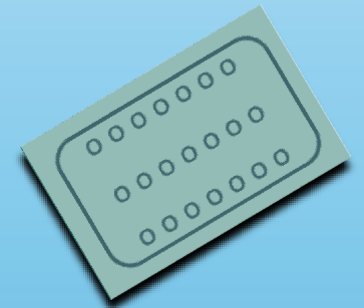
FSRH combined hormonal contraception guidance, 2019 https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/

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 ICB formularies/restrictions should be referred to
- ✓ Quantity
  - ➢ Initiation - quantity **should not exceed 3 months**
  - ➢ Ongoing supplies of **up to 12 months** duration
- ✓ Supply in labelled original packs
- ✓ Record any advice or signposting



Providing the service

Outcomes

- **Criteria not met** - Supply deemed not clinically appropriate

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

Safety netting

- Useful to document from a medicolegal perspective
- Return if problems occur and phone NHS111 if the pharmacy is closed.
- NHS choices
- Combined pill https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/
- Progestogen only pill https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/
- Pills do not protect against STIs
- If pills are missed, come and check if you need emergency contraception or phone NHS111 if the pharmacy
- is closed.
- Alternative methods of contraception

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Data Capture

- Maintain appropriate clinical records –
  - Remember document what happened as well as what didn't happen
  - Remember STAR ourtcomes recording
- Records of the reimbursement data retained for 3 years
- Data shared with NHSBSA via an application programming interface (API)
- Anonymised data shared with NHS England for service evaluation and research purposes
- Details of the data in Annex B

Funding

- **£18 payment** per consultation
- Fee claimable irrespective of the outcome of the consultation
- Reimbursement of OC supplied in accordance with the Drug Tariff Determination + an allowance at the applicable VAT rate
- No prescription charges or patient declarations
- **Pharmacy set up costs of £900** per premises in instalments:
  - **£400 payment on signing up** to deliver the service via the NHSBSA MYS portal
  - **£250 payment after claiming the first 5 consultations**
  - **£250 payment after claiming a further 5 consultations** (i.e., 10 consultations completed)
- Where commissioned to provide a related service, cannot claim twice for same activity

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Claiming payment

- Claim data submitted from PCS IT systems, via API, to the NHSBSA MYS portal
- Pharmacy owner still need to verify claim
- Claims should be submitted monthly and no later than three months from claim period for the chargeable activity provided

Guidance on clinical record keeping

- Within any patient record either on pharmoutcomes or your PMR or other digital or written system you must sure they are detailed but concise, legible, contemenporaneous and accurate.
- Documentation of clinical activity such as findings, interventions, referrals, reviews, consultations, prescribing, administering, service delivery, decisions, advice and medications.

It is vital that records include accurate and full information. They are admissible in a court of law in any litigation case or in any fitness to practice hearings.

If it is not documented how can you prove it happened.

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Recording the assessment

- Clinical records must be clear, complete, accurate, up-to-date, and legible.
- A high-quality record, therefore, needs to:
- be complete, accurate, relevant, accessible, and timely (CARAT – see Annex A)
- enable the effective and reliable presentation of patient information from the patient's records relating not just to the clinical data but other forms of data such as demographics, appointments, administrative, documentation, etc.
- allow the data to be arranged in the record to support the purpose for which it is being used. To achieve this there is a complex relationship between how the data is structured, described, and coded (typically using SNOMED CT). It is important to understand the capabilities of the system in order allow data to be entered to support this aspect of record quality. This is critical to research and other secondary purposes
- capture information relating to a consultation which can be in the form of highly descriptive narrative content and context, or highly structured clinical data in the form of a clinical vocabulary such as the SNOMED CT
- allow the recording and automation of clinical and non-clinical data entry through tools designed to facilitate this such as templates, concepts, protocols etc.
- be in a format that allows IT systems across the health and care sector to communicate with each other. (This is beyond the scope of this guidance but organisations such as the Professional Records Standards Body provide standards to improve data quality and interoperability for precisely this purpose. It is important that the data is of the correct format, abides by the standards and is of sufficient quality to facilitate this purpose)

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Simple model to ensure recording of information is succinct and accurate

SITUATION

- How was the patient referred to you – self referral or from another healthcare organisation?
- What did the patient present with?
- List the symptoms?
- What did the history tell you?

TASK

- What assessment did you carry out?
- What scoring system did you use if appropriate and what was the score?
- What were your findings?

ACTION

- What steps did to take to treat in line with the clinical pathway?
- What information was the patient given?
- What lifestyle and behavioural information was shared with the patient?

RESULT

- What follow up actions have been taken or suggested to the patient?
- If you could not help the patient or there were red flags, how and who did you contact for further assessment?
- Where did you tell them to go if they do not improve?

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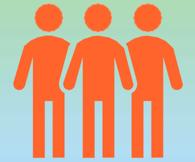
Final points for consideration…

- Raise awareness with GP practices and sexual health clinics initially
- SHAPE tool now includes pharmacy contraception service and pharmacy hypertension service
- Explain the service has been expanded...
- …but be aware you may get fewer referrals for initiation as they are harder to identify upfront
- Ensure **Profile Manager** reflects current registration status
- Ensure the whole team understand the pathways
- Tell people to tell people!
- Use marketing materials to raise awareness
  - Posters for general practices and in pharmacies
  - Translated materials (to follow)
  - Higher education materials
  - Social media

IF YOU CANNOT DELIVER THE SERVICE TURN OFF THE DOS PROFILE



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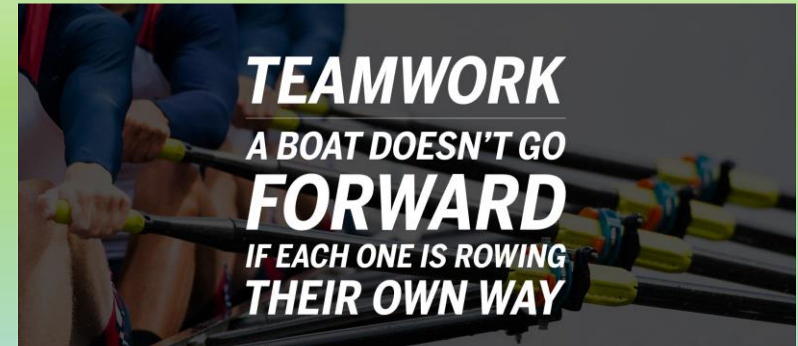
Whats Next



- Register to provide the service
- Read and understand the service specification
- Read and understand the service PGDs
- Read and understand the Pathways for service delivery
- Complete all training requirements
- Ensure the equipment is obtained and you are familiar with its use
- Complete the self assessment as identified by CPE/CPPE
- Brief your team
- Brief the local GP surgeries and identify appropriate referral pathways
- Set up your consultation room to allow appropriate assessment

Further Information

- Hypertension Case-Finding Service - Community Pharmacy England (cpe.org.uk)
  - Pinnacle Media (pharmoutcomes.org)

- Pharmacy Contraception Service - Community Pharmacy England (cpe.org.uk)

  - https://media.pharmoutcomes.org/video.php?name=NHSPharmacyContraceptionService

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