



Community Pharmacy  
Tees Valley

- Open and welcome
- Year Recap & accounts sign off.
- Personal & Property protection
- CPCF Changes
- Q&A



Community Pharmacy  
Tees Valley

- **Supporting the Delivery of Pharmacy Services**
- **Strengthening Relationships with Decision-Makers**
- **Securing and Expanding Services**
- **Integrated Neighbourhood Health Teams**
- **Raising the Profile of Pharmacy**
- **Looking Ahead**

## **Contact information**

Contact Chief Officer [Sandie.keall@nhs.net](mailto:Sandie.keall@nhs.net)



# Pharmacy First

LPC	CPs providing PF	Total CPs	Monthly Average Consultations Per CP	Total Consultations
Sandwell	72	76	24.29	6,485
Avon	182	189	22.80	15,553
Shropshire	80	82	22.59	6,823
Swindon and Wiltshire	102	104	21.30	7,967
Essex	283	296	20.77	22,094
North Cumbria	61	61	20.17	4,659
Herefordshire and Worcestershire	109	116	19.11	7,931
Dudley	60	64	18.92	4,332
Hampshire and Isle of Wight	306	311	18.81	21,709
Lancashire and South Cumbria	351	363	18.65	24,596
Tees	122	132	18.51	8,050

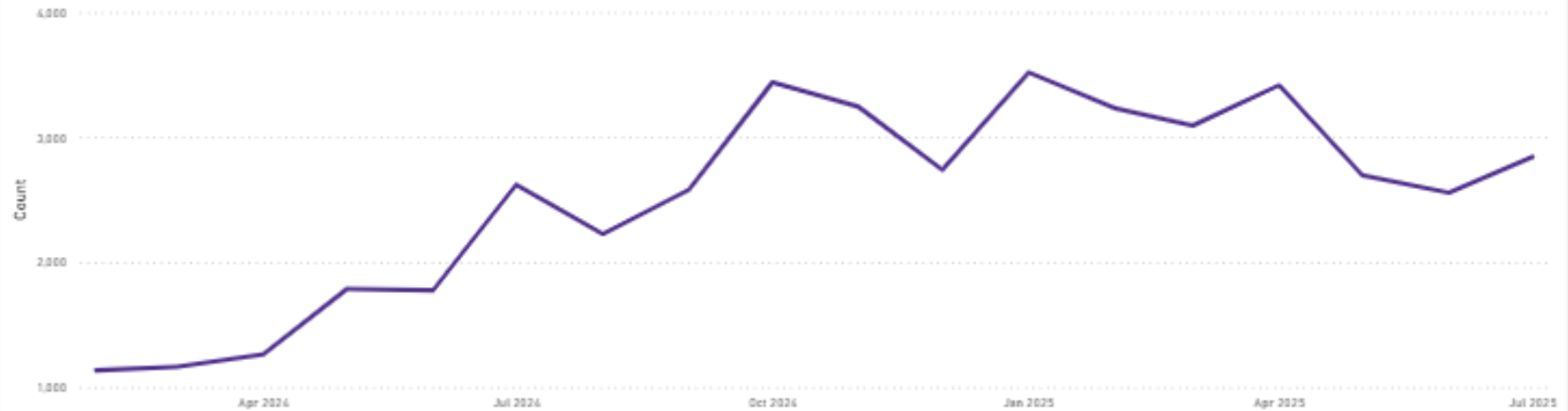


# Pharmacy First BP

## NENC Hypertension Case-Finding Service Activity



Count of BP Consultations



Count of BP Clinic Consultations



Count of BP ABPM Consultations





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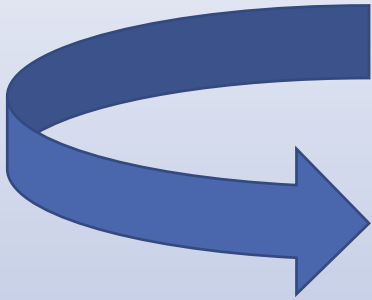
# Pharmacy Contraception Service (PCS)

Pete Horrocks  
p.horrocks@nhs.net

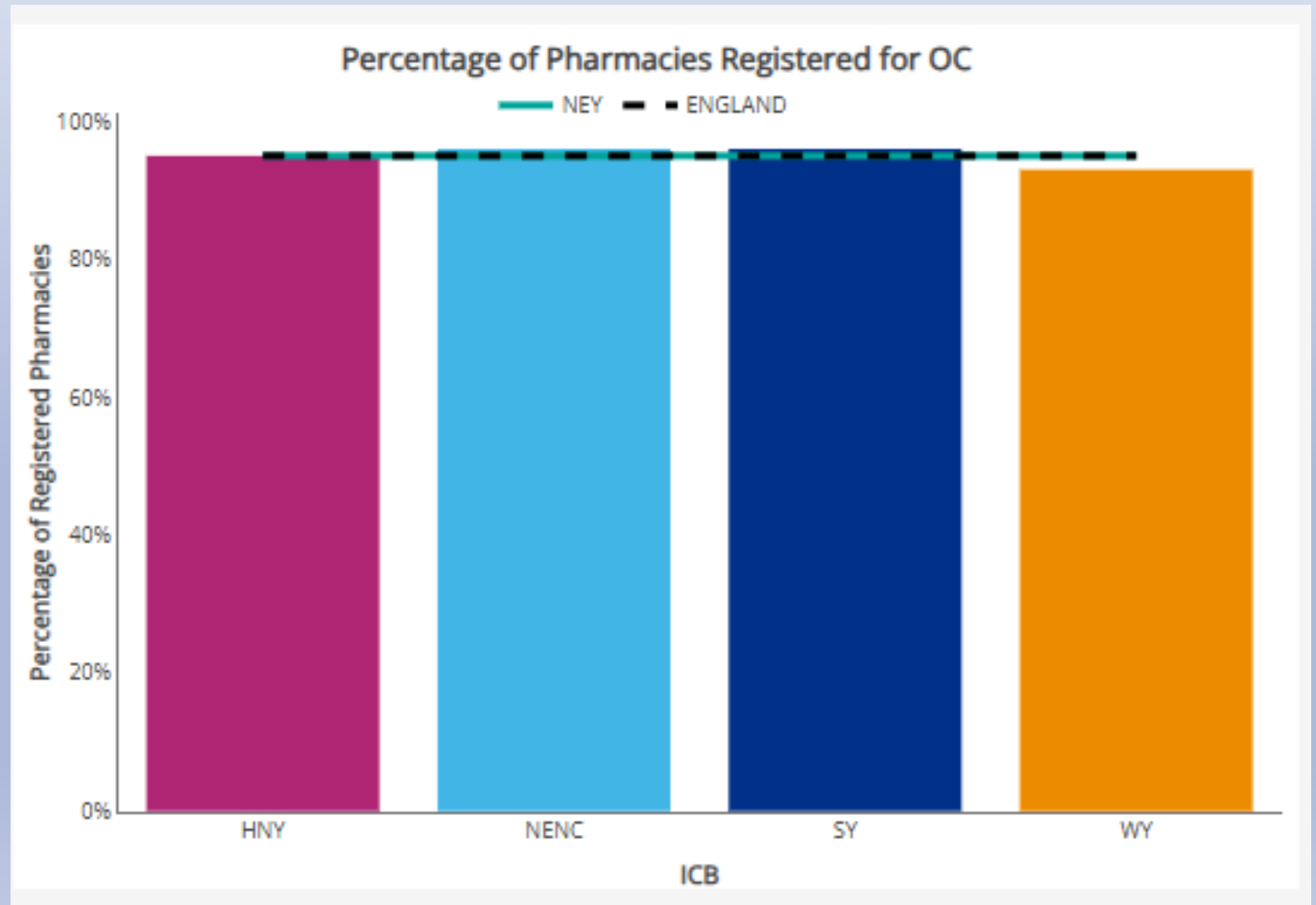


## Objectives:

- To provide a model for community pharmacy teams to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent.
- To provide a national model for community pharmacy teams to provide free oral EC to individuals of childbearing potential to reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or where regular contraception has been compromised or used incorrectly.
- To establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of OC, or when requiring EC.
- To support tackling health inequalities through providing wider access to contraception services. To support high-risk communities and vulnerable individuals by providing an integrated sexual health service to individuals from a pharmacy of their choice with no requirement to be registered with a GP.

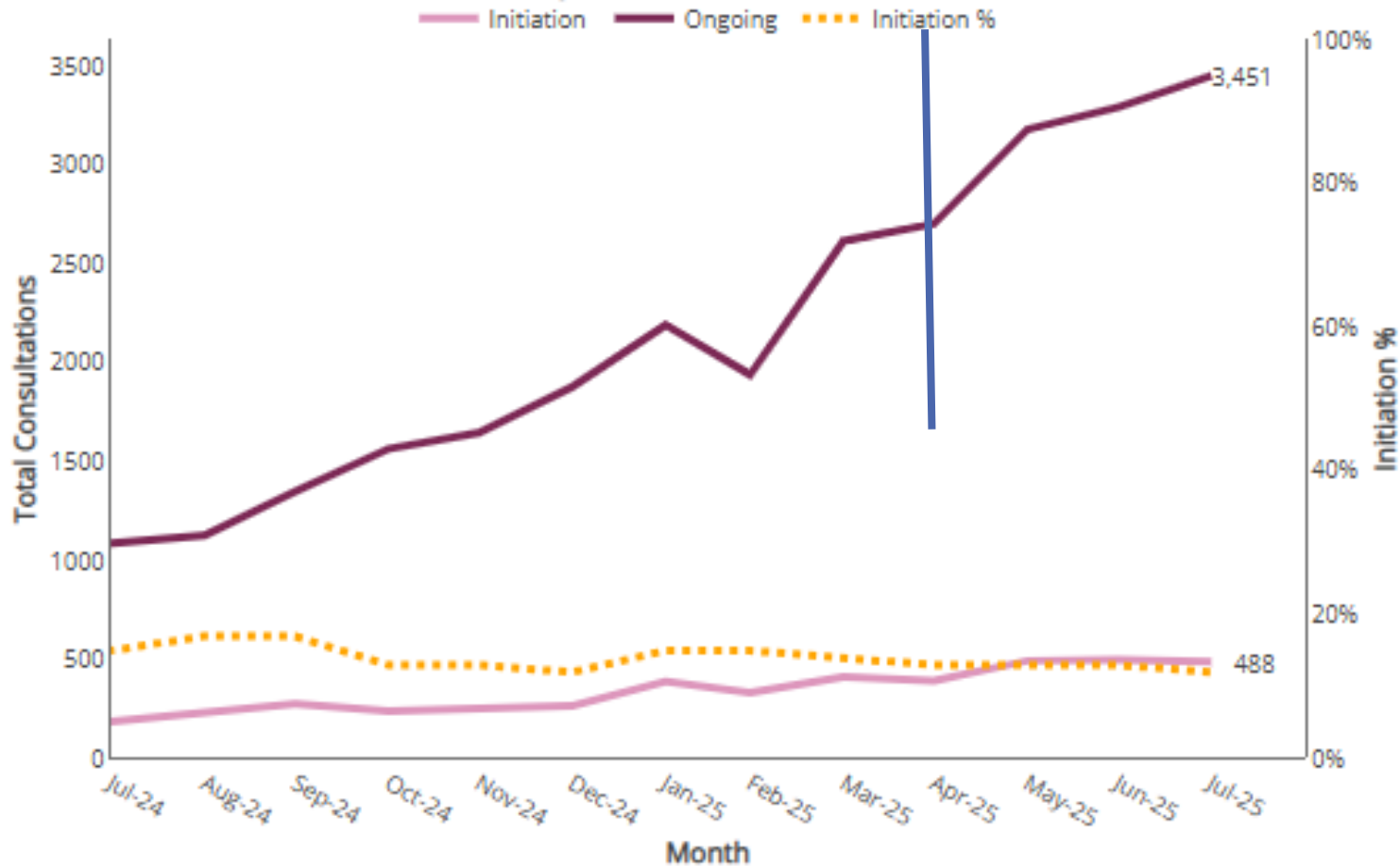


96%





### Contraception Consultations: NENC





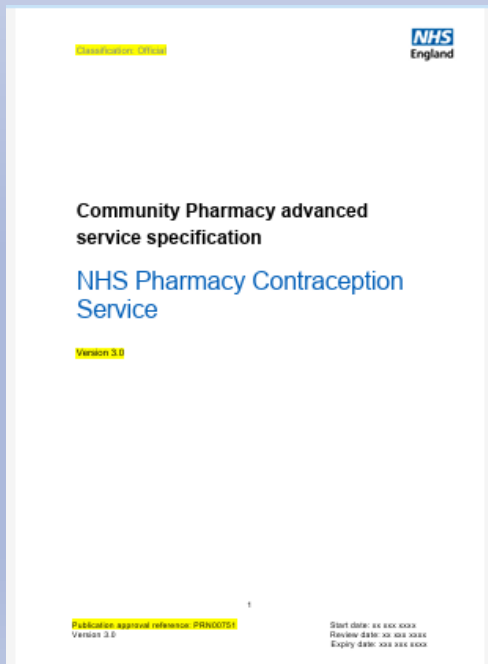
# Data for NHS Pharmacy Contraception Service – Supply of Oral Contraception - by pharmacy

Pharmacy Code	Pharmacy	Number of consultations incl LPS pharmacie	Number of ongoing consultations	Number of initiation consultations
FYR53	BOOTS	131	105.00	26.00
FHM40	BOOTS	111	96.00	15.00
FQF93	BOOTS	56	47.00	9.00
FH756	BOOTS	55	48.00	7.00
FVL95	BOOTS	54	45.00	9.00
FFF50	BOOTS	53	46.00	7.00
FEE96	BOOTS	37	34.00	3.00
FGX03	BOOTS	35	22.00	13.00
FV093	BIRTLEY PHARMACY, HARRAS BANK	34	34.00	0.00
FKV30	MIDDLETON PHARMACY	33	29.00	4.00
FML40	WHICKHAM PHARMACY	32	29.00	3.00
FRK79	STATION ROAD PHARMACY	32	30.00	2.00
FFP74	SEATON HIRST PHARMACY	31	29.00	2.00
FN104	BOOTS	30	30.00	0.00
FRQ88	CLEVECHEM LIMITED	30	24.00	6.00
FEF85	BOOTS	28	23.00	5.00
FG999	COHENS CHEMIST	28	27.00	1.00
FHX29	SEACLIFFE PHARMACY	28	26.00	2.00
FT851	WOODLANDS PHARMACY	28	26.00	2.00
FPL65	THE VILLAGE PHARMACY	26	26.00	0.00



# Changes to Service 29<sup>th</sup> Oct 2025

The revisions to the service, including the addition of oral emergency contraception (EC) to the service are planned to take place on 29th October 2025. However, NHS England will confirm this nearer that date, via their Primary Care Bulletin. **The commencement date is dependent on the necessary changes to the clinical services IT systems being made.**



<https://www.nhsbsa.nhs.uk/sites/default/files/2025-06/NHS%20Pharmacy%20Contraception%20Service%20v%203.0%20FINAL%20DRAFT.pdf>



# Changes to Service 29<sup>th</sup> Oct 2025

The draft PGDs:

[20250612 Ulipristal National PGD Draft v 0.1 \(Word: 194KB\)](#)

[20250909 POP National PGD Draft v 0.2 \(Word: 203KB\)](#)

[20250909 Levonorgestrel National PGD Draft v 0.2 \(Word: 197KB\)](#)

[20250909 COC National PGD DRAFT v 0.2 \(Word: 228KB\)](#)

<https://www.nhsbsa.nhs.uk/nhs-pharmacy-contraception-service-june-2025>



# Providing the service:

- The service will be **expanded to include oral EC**
- Suitably trained and competent **pharmacy technicians** will also be able to provide the service.
- Where a pharmacy technician is providing the service, an SOP must be in place to include the process of how the **responsible pharmacist will supervise** associated activities connected to the supply of medicines via the patient group directions (PGD).
- The service specification clarifies that **all consultations must be verbal** and provided from the pharmacy premises. Also, all consultations must be directly with the person accessing the service, and for whom the medication is for.
- **Addition of drospirenone** to the progesterone PGD to enable the supply of this medicine.
- A requirement to **check the individual's GP record**.
- Changes in the **minimum quantity of OC** to be supplied for ongoing supplies of OC. (6-12 months)



# Find a Pharmacy

The screenshot shows the NHS website interface. At the top left is the NHS logo. To its right is a search bar with the word 'Search' and a magnifying glass icon. Further right is a 'My account' link with a user profile icon. Below this is a navigation bar with links for 'Health A-Z', 'Live Well', 'Mental health', 'Care and support', 'Pregnancy', and 'NHS services'. The main content area has a breadcrumb trail: 'Home > NHS services > Pharmacies'. The main heading is 'Find a pharmacy that offers the contraceptive pill without a prescription'. Below this is a paragraph: 'Use this service to find a pharmacy that offers the contraceptive pill without a prescription. You do not need to see a doctor or nurse for a prescription.' Another paragraph follows: 'Getting the contraceptive pill is free, with or without a prescription.' A sub-heading reads 'Who can get the contraceptive pill without a prescription'. Below this is another paragraph: 'You may be able to get the contraceptive pill from a pharmacy if you need to:'. A bulleted list follows: '• start the contraceptive pill for the first time' and '• take the contraceptive pill again after a break from using it'. At the bottom, a paragraph starts with 'If you already have a prescription for the contraceptive pill, you can use the prescription as usual. Or you can get the pill from a pharmacy'.



[www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-offering-contraceptive-pill-without-prescription/](https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-offering-contraceptive-pill-without-prescription/)

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15 August 2025

### Oral contraception services now available at community pharmacies

**Stakeholder briefing for:** GP practices, community pharmacies, local authorities, voluntary sector partners and higher education providers

We are writing to let you know about the NHS Pharmacy Contraception Service (PCS) now available at all local community pharmacies across the North East and North Cumbria.

Women can now get the contraceptive pill directly from community pharmacies without the need for a GP appointment or a visit to a sexual health clinic.

Pharmacists can also carry out the yearly pill check-up, making it quicker and easier for women to start or continue their prescription.

The service is free and confidential, including for those under 16, and consultations take place in a private space with a trained pharmacist. All pharmacies offer walk-in consultations, so there is no need to book ahead.

This new service gives women more choice and flexibility in how they access contraception, while also helping free up GP appointment time for people who need more complex care.

We would very much value your support in raising awareness of this service.

A full communications toolkit, including website and newsletter copy, social media assets, posters, videos and more, has been developed by the ICB for use by pharmacies, GP practices, local authorities, voluntary sector partners, and higher education providers.

You can download the toolkit here: [Contraceptive pill toolkit](#)

Thank you in advance for your help in ensuring that women across our region know they can now access oral contraception directly, easily, and confidentially from their local community pharmacy.

[www.northeastnorthcumbria.nhs.uk](http://www.northeastnorthcumbria.nhs.uk)

NorthEastandNorthCumbriaNHS

NENC\_NHS

Better health and wellbeing for all...



Community Pharmacy  
Tees Valley

<https://www.northeastnorthcumbria.nhs.uk/toolkits/oral-contraception-services/>

Many Thanks,

Dr Neil O'Brien  
Chief Medical Director  
North East and North Cumbria ICB



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Tees Valley

# Available marketing material

**Need your next supply of oral contraception?**

**NHS**



Some community pharmacists can now look after all your repeat supplies and consultations for oral contraception.

**Need a supply of oral contraception?**

**NHS**



You can now arrange to get your first, or next supply directly from some of our local pharmacies in confidence.

Find your nearest participating pharmacy at <https://www.nhs.uk/service-search/pharmacy>

**Need a supply of oral contraception (the pill)?**

**NHS**

Arrange a free, confidential consultation at a local participating pharmacy.





# Webinar: Emergency contraception and the PCS

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Headline | National Pharmacy Services | Our Work

 Tuesday 23rd September 2025

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Community Pharmacy England will be holding a webinar about the changes to the Pharmacy Contraception Service (PCS) **on Thursday 9th October at 7.30pm.**

The main changes to the service are the addition of oral emergency contraception to the service and the ability of pharmacy technicians to provide the service.

On the night, Alastair Buxton, Director of NHS Services and David Onuoha, Service Development Manager will brief pharmacy owners and their teams on the changes, in advance of the scheduled implementation date on 29th October 2025.

The presenters will also highlight the guidance and resources available to support pharmacy teams with the changes to the service.

<https://cpe.org.uk/our-news/webinar-emergency-contraception-and-the-pcs/>

# Pharmacy First Changes

# Key changes

- There is an **additional Gateway point** for patients with risk of deterioration, red flags or serious illness to allow for clinical assessment (such as calculation of NEWS2 scores ahead of signposting patient to A&E or calling 999 in a life-threatening emergency).
- A clickable box with a link to the NICE Clinical Knowledge Summary for each condition has been added at the top of the page.
- Gateway points moved to earlier stages for Shingles, Impetigo, Sore throat, Acute Sinusitis – Not UTI

# Uncomplicated UTI

- Inclusion criterion – Amended to **reflect more inclusive gender language** (from females changed to cisgender women, non-binary people assigned female at birth, transgender men (with no structural alteration to their urethra))
- Exclusion criterion - Amended to **reflect more inclusive gender language** (from “males” to “cisgender men, non-binary people assigned male at birth, transgender women (including those who have had structural alteration to their urethra)”)
- Typo changes – used to unused medication for disposal
- TARGET Treating Your Urinary Tract Infection (TYI-RTI) has been updated

# Shingles

- Removed neck
- Valaciclovir 1g added as previously was 500mg
- Drug interactions updated for

Clarithromycin –

Eg: Lercanidipine, Hydroxychloroquine, Ivabradine, Eplerenone, Quetiapine

Erythromycin – CYP3A4 inhibitor

Eg: Lercanidipine, Ivabradine, Quetiapine

Erythromycin 500mg/5ml removed as no longer available

# Impetigo

- Crystacide cream – off label use
- Fusidic acid PGD use only

# Insect bites

- Definition of insects broadened – eight legs
- Excluded if bite happened abroad and relates to malaria or tick borne encephalitis
- Drug interactions as above
- Voriconazole added to the list of drugs (not to be concomitantly used whilst on Flucloxacillin)
- Recommendation of Ibuprofen to be used has been removed under follow up treatment section

# Sore throat

## Inclusion criterion

- The requirement for the presence of **TWO or more of the following signs/symptoms** (which suggests acute bacterial sinusitis is more likely) **has been removed**, to align to the clinical pathway:
- Marked deterioration after an initial milder phase
- Fever ( $>38^{\circ}\text{C}$ )
- Unremitting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

Reference to symptom duration has been amended to “Symptom duration of more than 10 days with no improvement” (this previously stated “little improvement”)

## Exclusion criterion

“to reduce the risk of adrenal insufficiency” has been added to the exclusion criterion

# Sore throat

- TARGET Treating Your Infection Respiratory Tract Infection (TYI-RTI) has been updated.
- Phenoxyethylpen – now says 2hrs after food is ok (off label but ok)
- Clarithromycin & Erythromycin – drug interactions updated
- Ibuprofen removed – from follow up treatment section

# Acute Sinusitis

- ARGET Treating Your Infection Respiratory Tract Infection (TYI-RTI) has been updated.
- **Inclusion Criteria** “10 days or more” has been amended to “more than 10 days”

## *Phenoxymethylpenicillin PGD*

**Exclusion Criteria** “Individuals currently taking/receiving the following medicines known to cause agranulocytosis (e.g. methotrexate, sulfasalazine, carbimazole, propylthiouracil, cotrimoxazole, valganciclovir, clozapine, carbamazepine, all chemotherapy)” has been **removed from this section**, meaning supplies may be considered for patients in this group.

## *Doxycycline PGD*

- **Exclusion Criteria** “Known or suspected liver disease” has been added as an exclusion criterion

## *Erythromycin & Clarithromycin PGD – Drug interactions*

# Acute Otitis Media

- No specific changes
- Clarithromycin – not to be used when on lercanidipine and drug interactions