

Pharmacy First One Year On Event

02 March 2025



Welcome & Introductions

Nick Hunter, Chief Officer, Community
Pharmacy Derbyshire/Community
Pharmacy Nottinghamshire



Agenda for the Day



•Welcome and Housekeeping and Introduction	NH/AA	10.15am
REVIEW AND REFLECT		
<ul style="list-style-type: none"> •Pharmacy First Service •Review of the first year •What is working and what needs to improve for 25/26 •What is coming next from April 2025 •How to increase consultations •Hints and tips for success •Myth busting exercise 	RS	10.20am
INTERACTIVE SESSIONS – 45 mins		11am
<ul style="list-style-type: none"> •Clinical Training session •Otoscope use •Consultations with children •Shingles 	DG	
<ul style="list-style-type: none"> •The use of social media platforms to support business growth •The Golden Pathway to the Great Patient Journey •How to Make Every Contact Count for your business 	JG/KA/MJ	
COFFEE BREAK		11.45am
INTERACTIVE SESSIONS		12pm
<ul style="list-style-type: none"> •Clinical Training session •Otoscope use •Consultations with children •Shingles 	DG	
<ul style="list-style-type: none"> •The use of social media platforms to support business growth •The Golden Pathway to the Great Patient Journey •How to Make Every Contact Count for your business 	JG/KA/MJ	

LUNCH			12.45pm
•CPE update		LF	1.30pm
•IP Pathfinder progress update		PW/RD	1.45pm
•Lindsey Fairbrother, Goodlife Pharmacy			
•Paula Whitehurst – Derbyshire update			
•Rebecca Dickenson – Nottinghamshire update			
•Clinical recording keeping session – Emma Anderson, CPPE		AA/ EA	2pm
COFFEE BREAK			2.30pm
•How your LPC has been working for you		AA/MJ/CK/KA	2.40pm
•Marketing – LinkedIn, Facebook, X			
•Love your Local Pharmacy campaign			
•Pharmacy first website launch			
•Q&A Session all panel members.		ALL	2.50pm
•Close		AA	3pm

Panel members:

- Rob Severn – CPN Chair (RS)
- Justin Gilbody, Peak Pharmacy, CPD Committee Member (JG)
- Daniel Graham – Lead Clinical Pharmacist, DHU (DG)
- Emma Anderson, CPPE (EA)
- Nick Hunter – CPD and CPN Chief Officer (NH)
- Rebecca Dickenson, Community Pharmacy Clinical Lead, NHS Nottingham and Nottinghamshire Integrated Care Board
- Shazia Patel, Community Pharmacy Clinical Lead, NHS Derby and Derbyshire Integrated Care Board/ Joined Up Care Derbyshire (SP)
- Paula Whitehurst - Community Pharmacy Integration Programme Manager, NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire (PW)

Pharmacy First One Year On

Rob Severn

Chair, Community Pharmacy Nottinghamshire



What I will be covering in this session:



Review of first year



What is working well



What can we improve



Hints & Tips from those delivering well



Myth busting quiz



Questions

Review of first year

- You hit the ground running
- Patient feed back is good
- Volumes are growing
- Thresholds are a concern

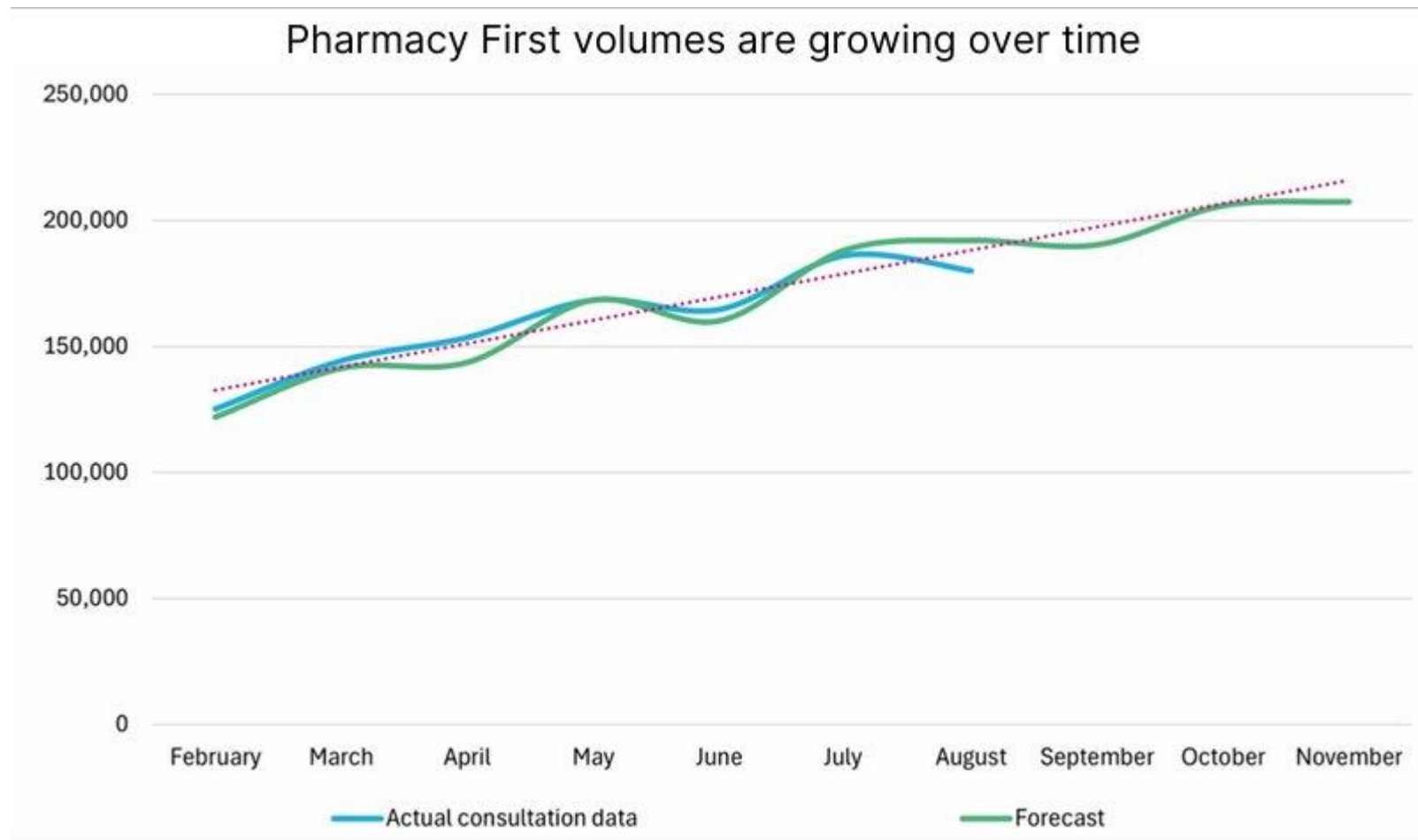
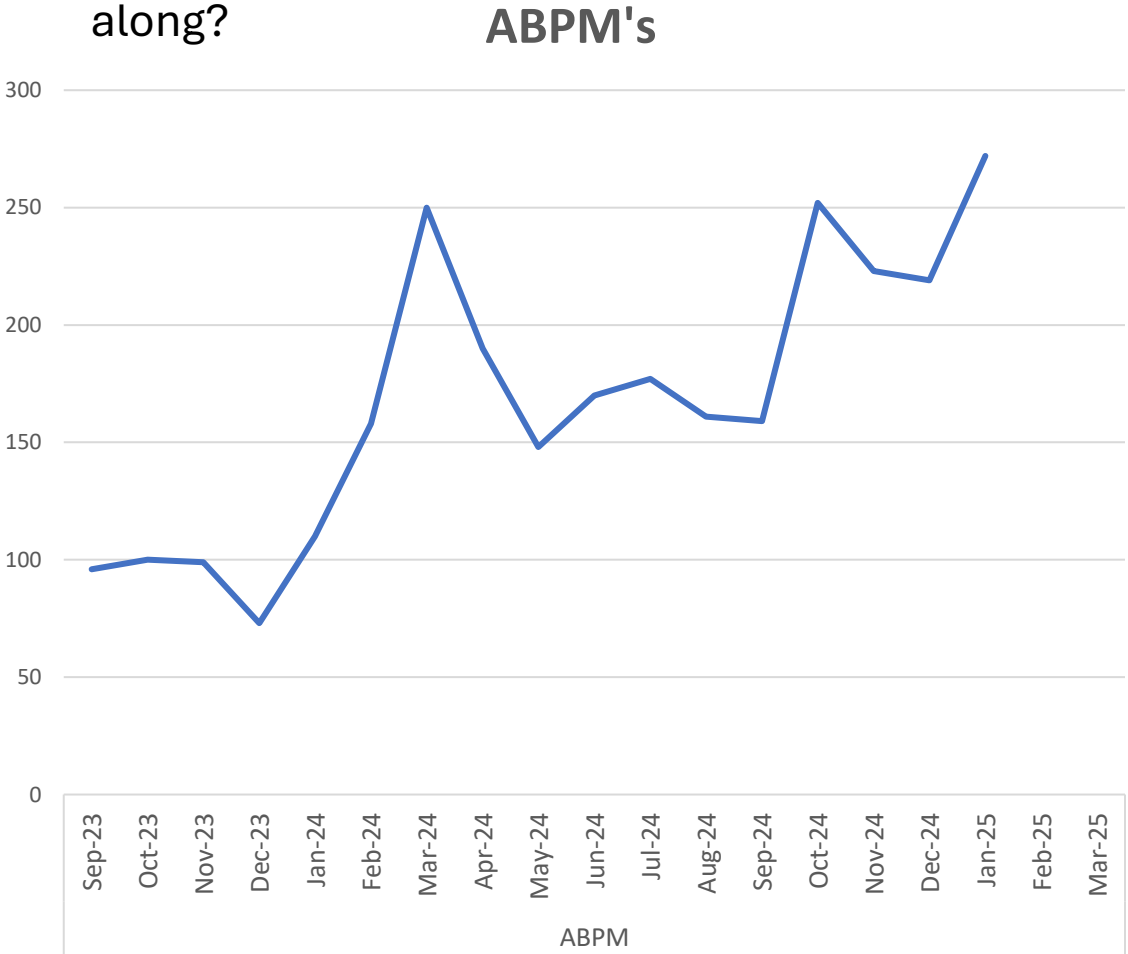
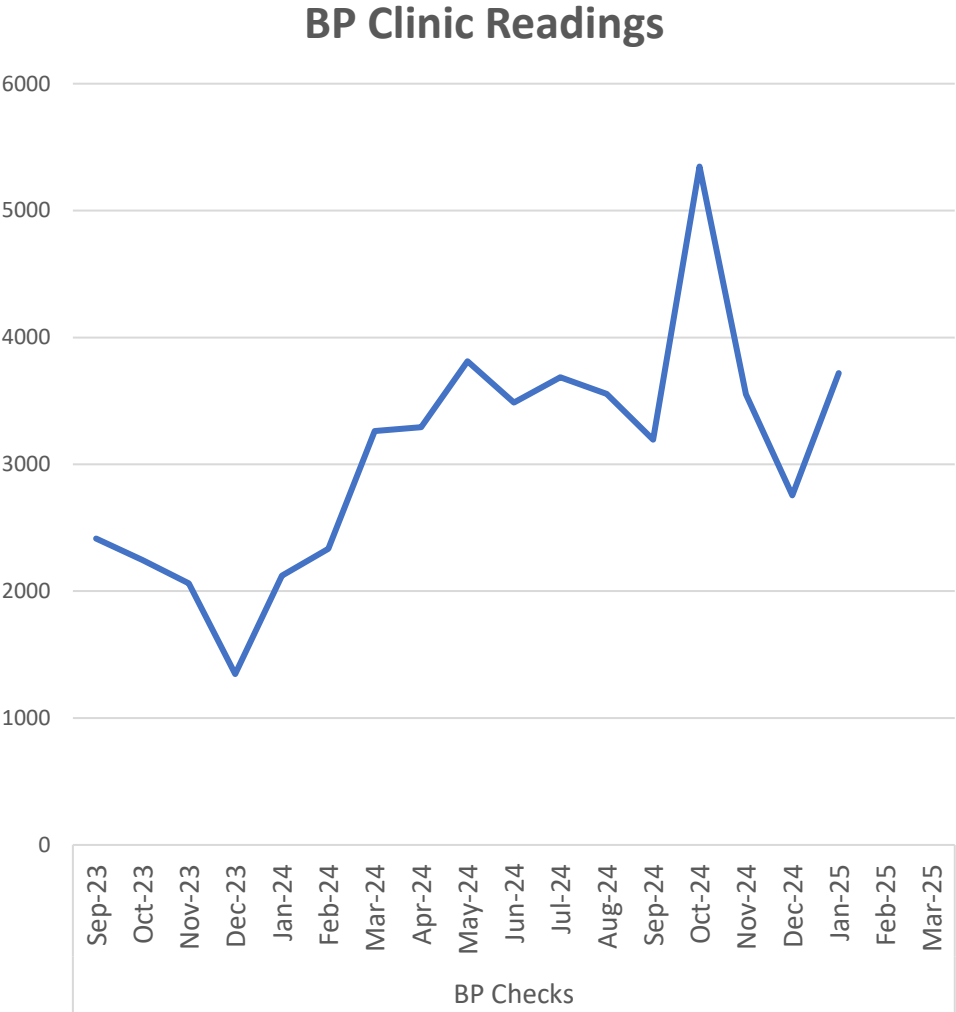


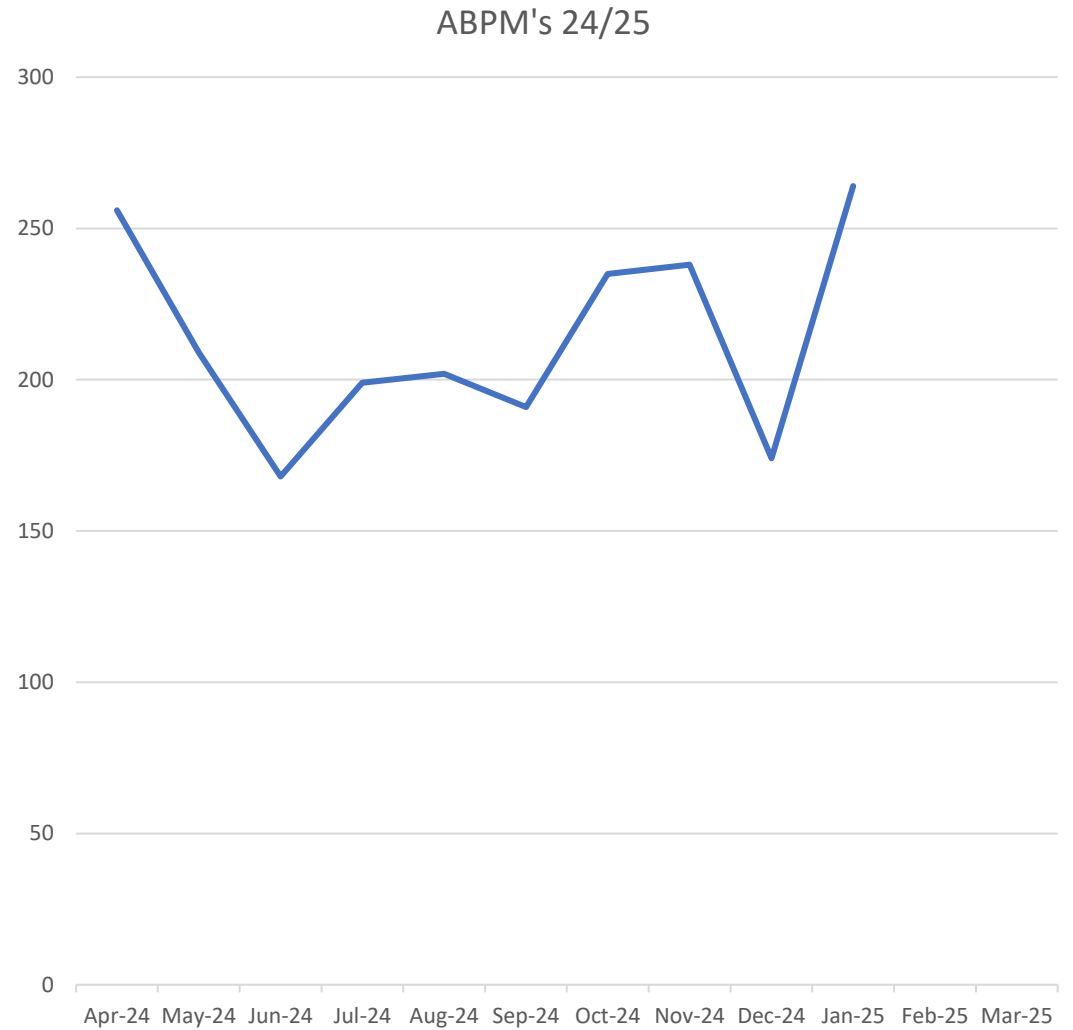
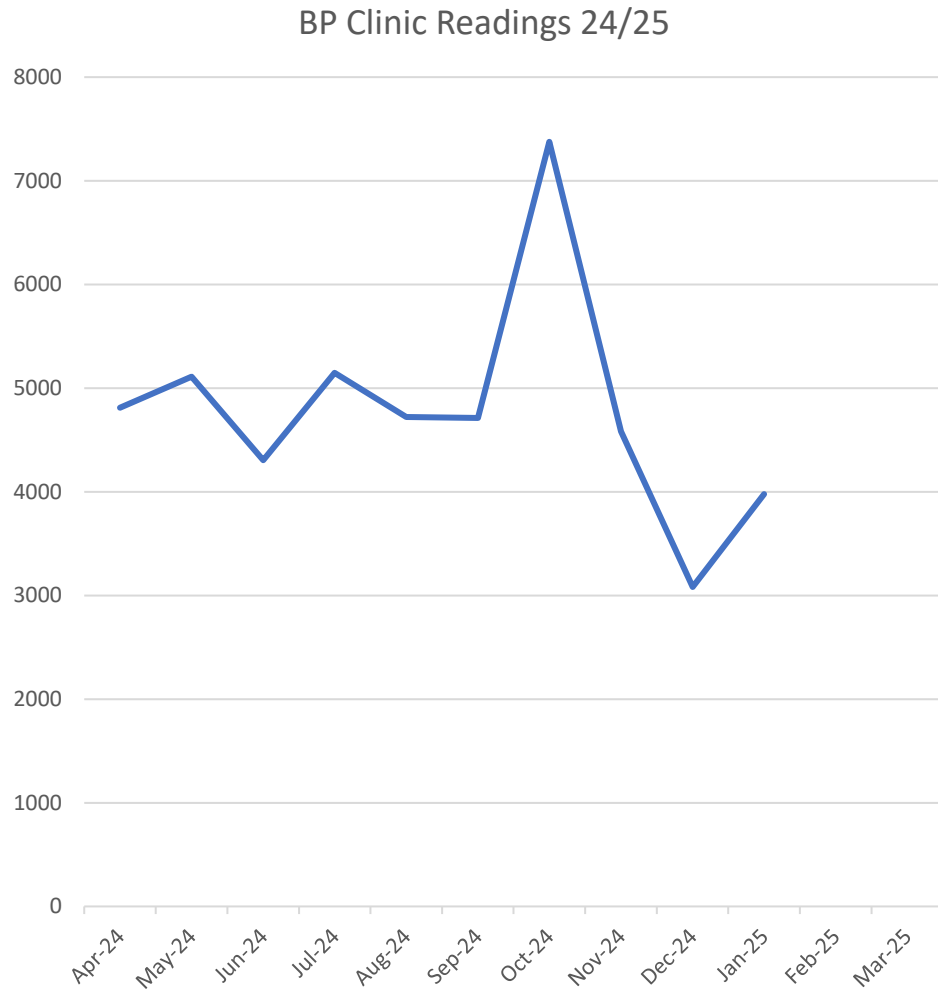
FIGURE 1: ACTUAL AND FORECASTED PHARMACY FIRST VOLUMES

Hypertension Case Finding - CPD

Much higher levels of BP's being undertaken in relation to ABPM's. ABPM's – what conversations are taking place with patients to ensure their understanding the importance of working through the pathway with the pharmacist rather than changing providers halfway along?

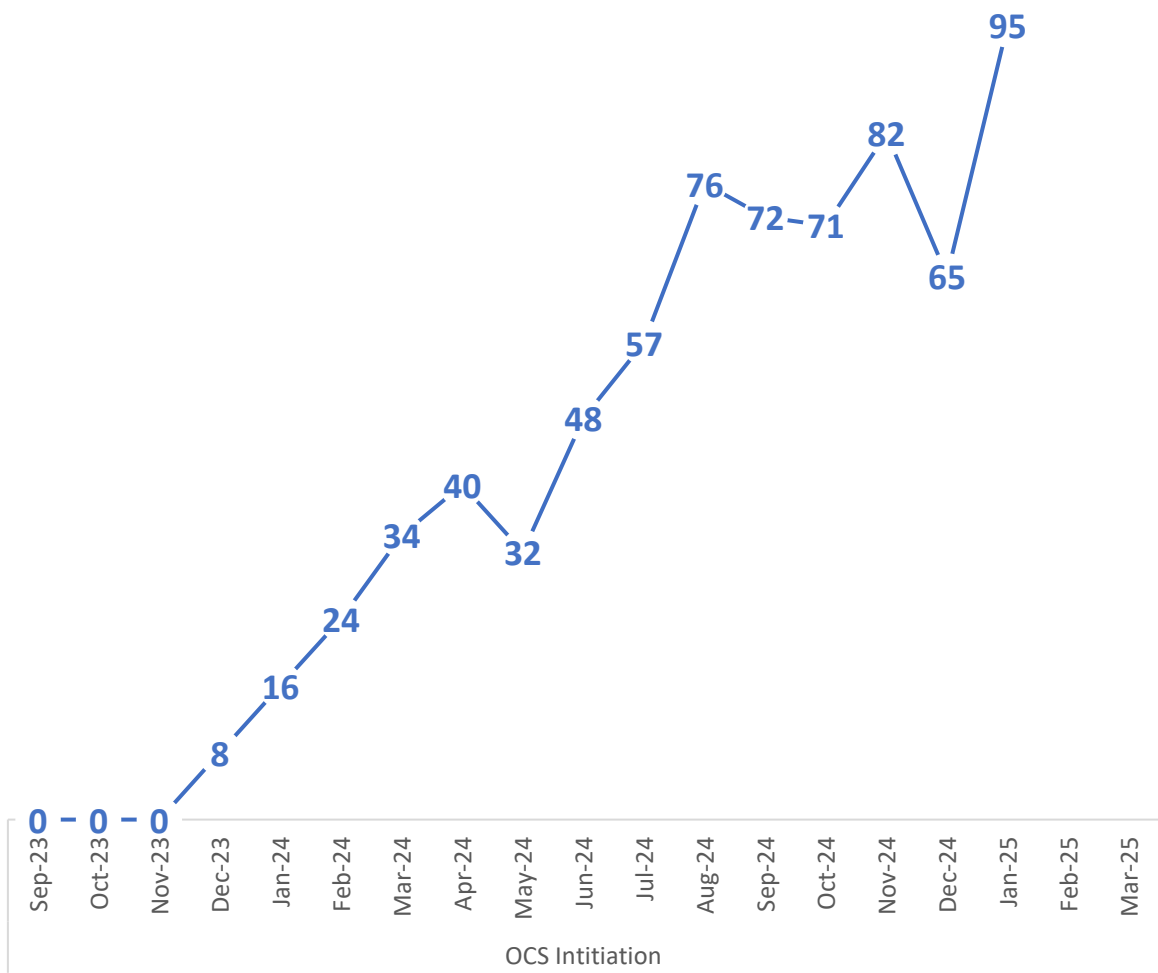


Hypertension Case Finding - CPN

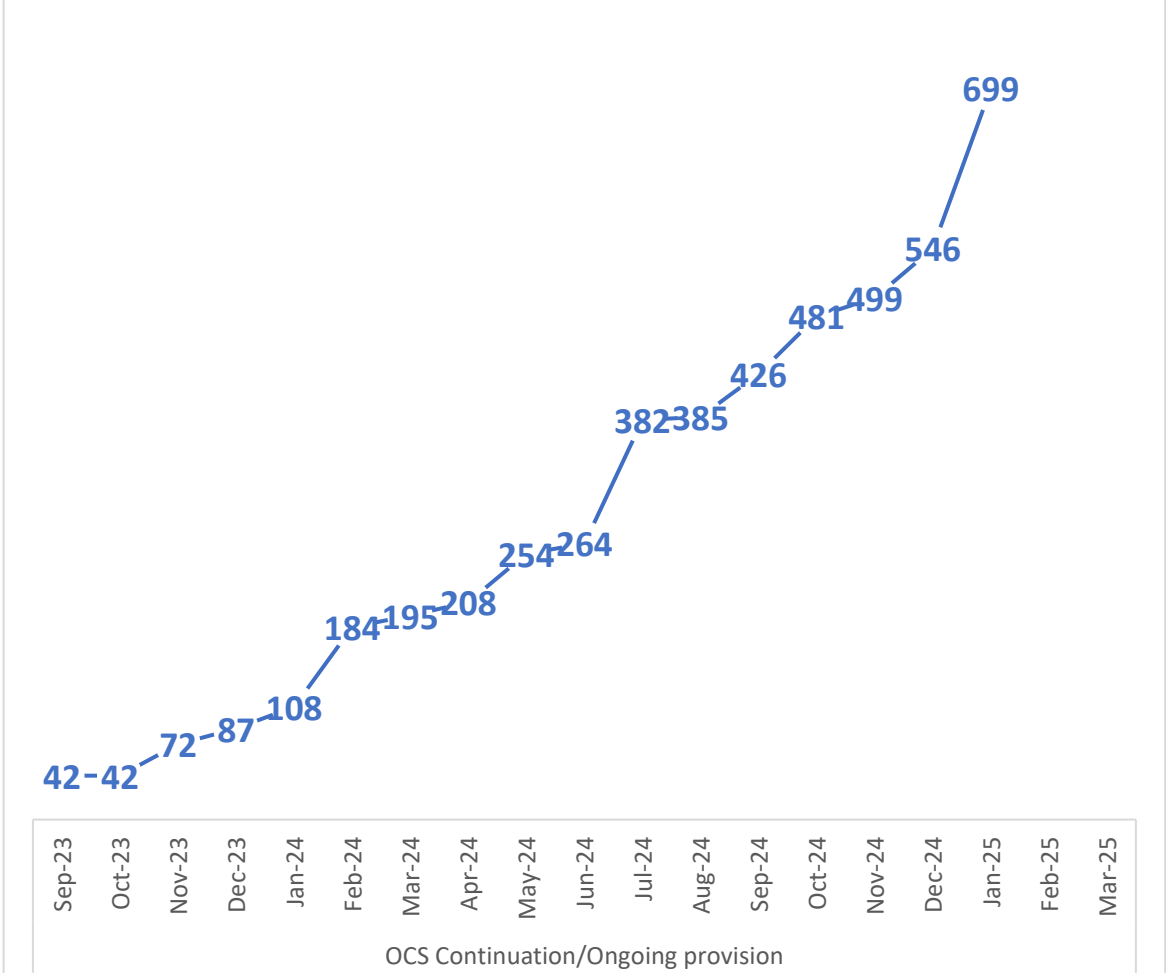


Oral contraception CPD

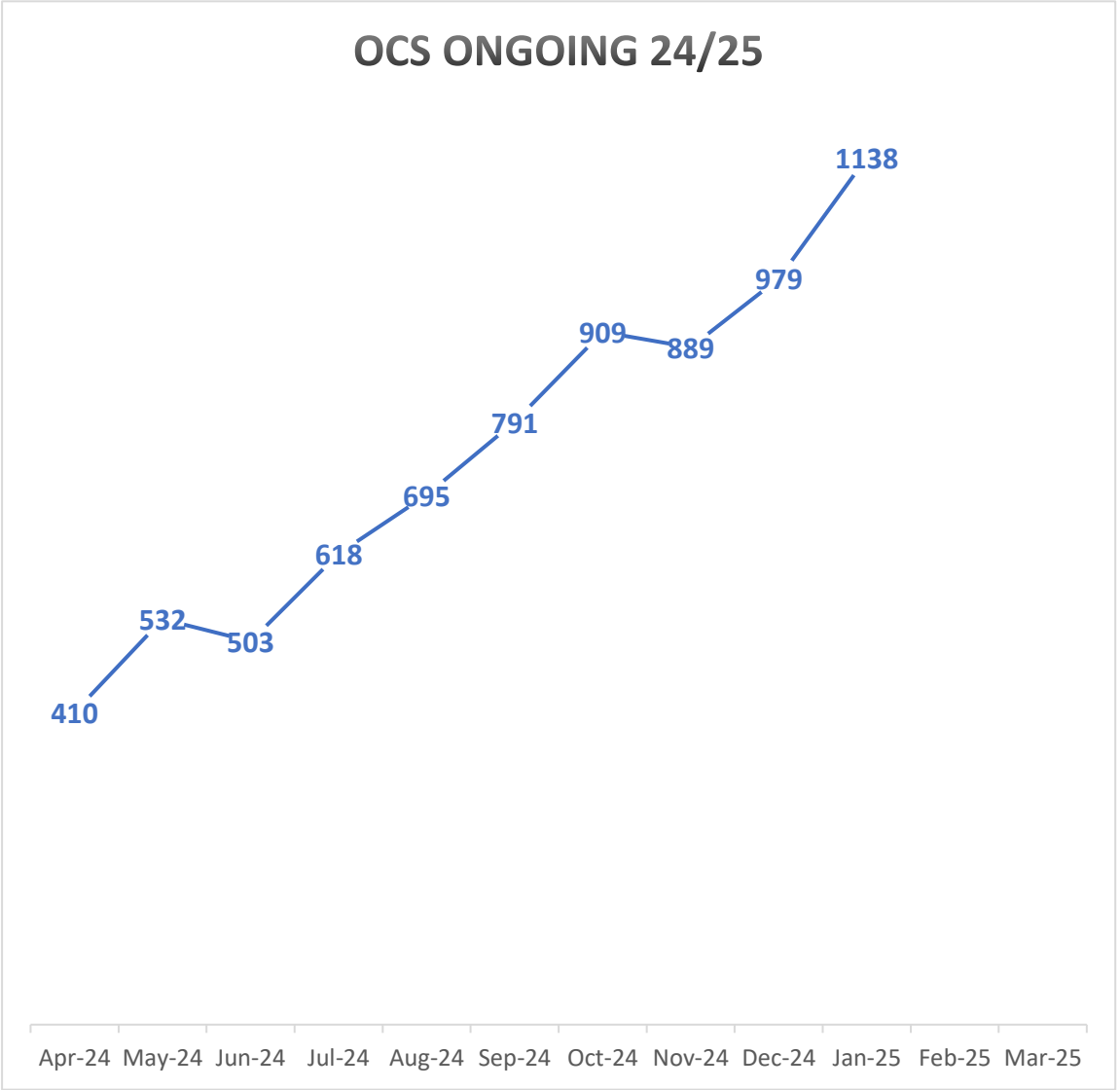
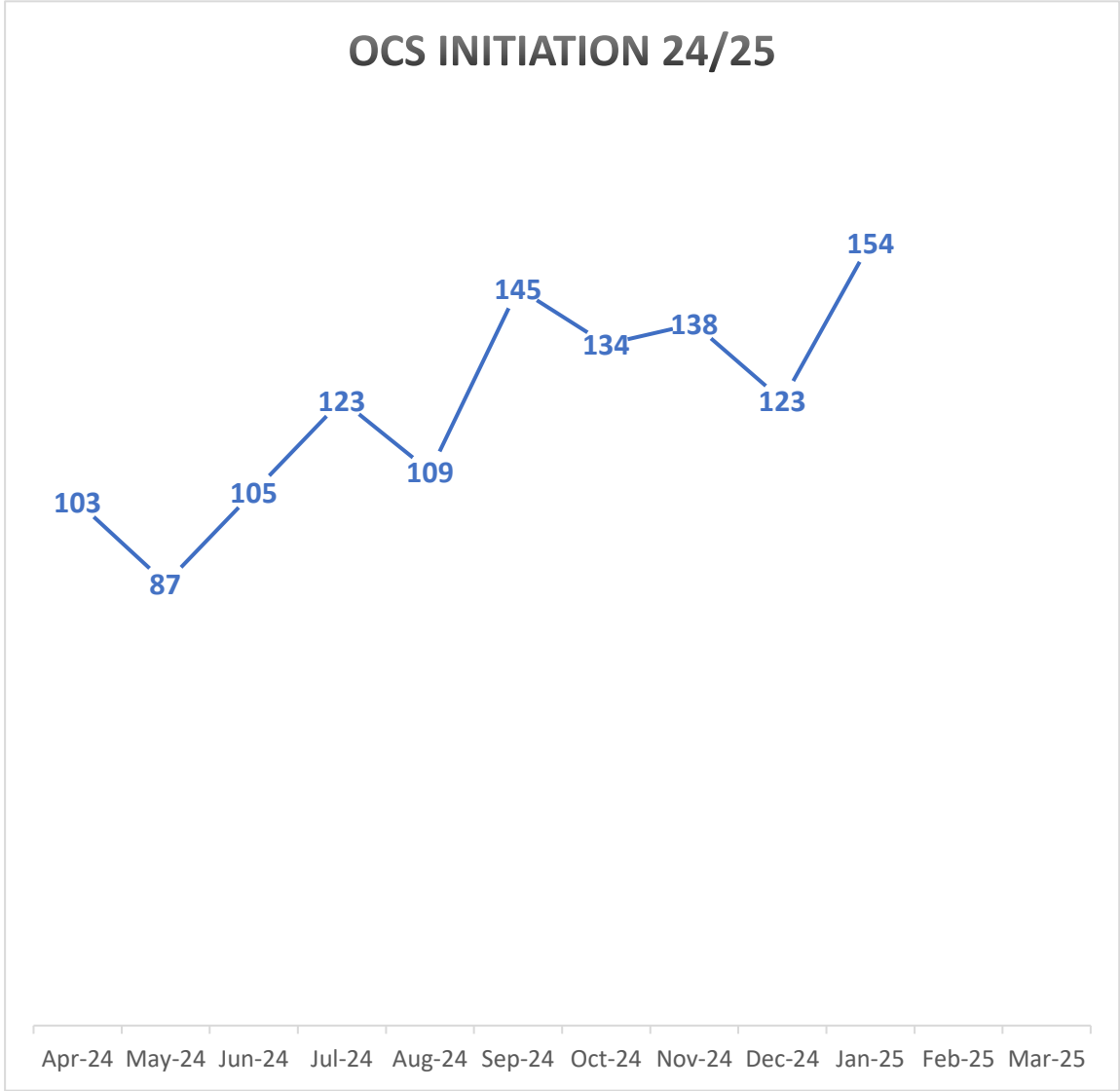
OCS INITIATION



OCS ONGOING



Oral contraception CPN



What is working well & what can we improve?

- 94% of patients receive a complete 'episode of care'
- 66% receive antibiotics – showing good respect to AMR



- As can be seen we are not just supplying antibiotics to all - this is hard evidence rather than 'opinions'
- We need to improve our clinical note taking, if its not recorded then it has never happened!


Providing NHS services

We can help you with **seven common conditions** without needing a GP appointment

- **Sinusitis**
(adults and children aged 12 years and over)
- **Sore throat**
(adults and children aged 5 years and over)
- **Earache**
(children and young adults aged 1 year to 17 years)
- **Infected insect bite**
(adults and children aged 1 year and over)
- **Impetigo**
(adults and children aged 1 year and over)
- **Shingles**
(adults aged 18 years and over)
- **Urinary tract infection**
(women, aged 16 to 64 years)

 Ask us for more information about this free* NHS service

Visit your Pharmacy First!

*NHS prescription charge rules apply where a medicine is supplied



Hints and Tips

- Involve your community
- Print Flyers – resource on CPE website
- Send info to local community groups
- Involve your schools
- How to market yourself/pharmacy
- Know the pathways
- Claim at the time of consultation - do it once and do it well

Looking ahead

Integration of Hypertension Case-Finding and Pharmacy Contraception Service under the “Pharmacy First” banner.

Greater focus on provision of ABPM's and initiation of oral contraception. Other health agencies will be relying on the fact that pharmacies will provide all elements of the service. Potential for reputational damage if they don't.

NHS 10 Year Plan.

greater focus on prevention and shift from secondary to primary/community care. What will this look like? New clinical services, expansion of existing services, greater accountability to deliver the services you sign up to provide.

Prevention agenda.

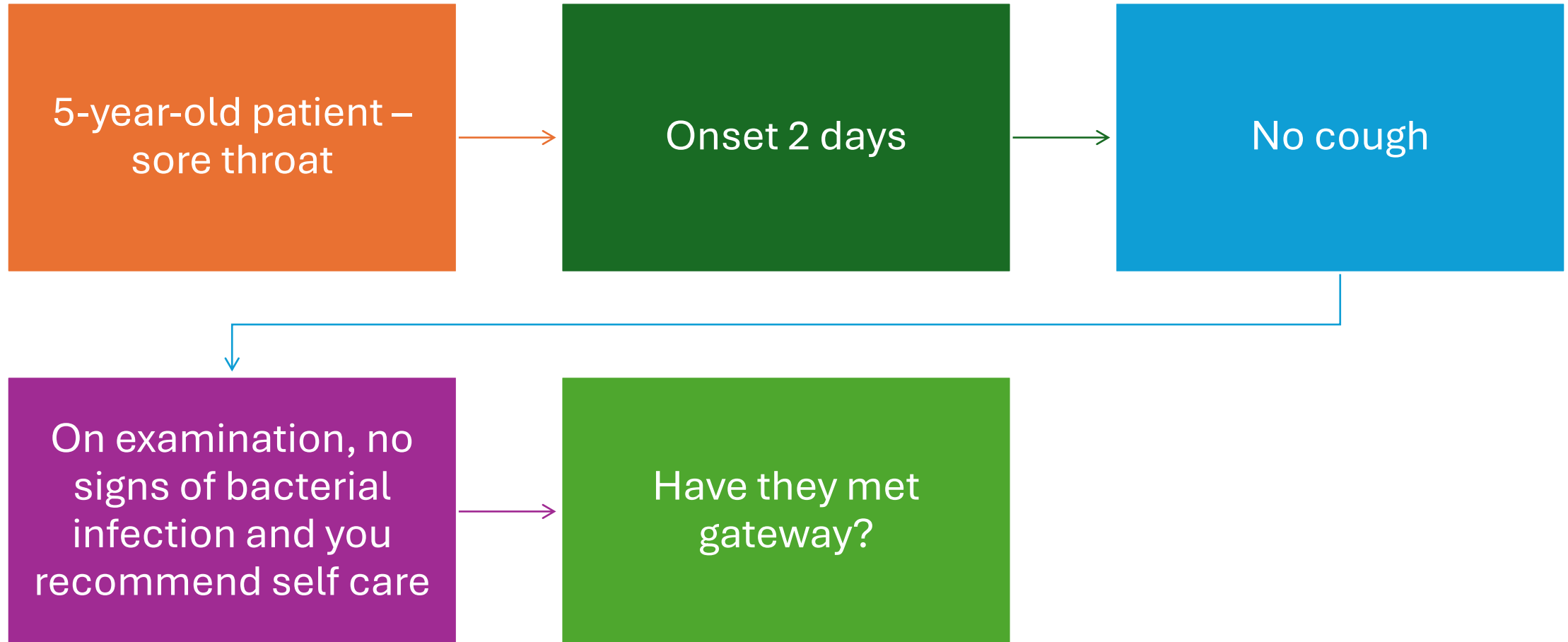
NHS priority. Is CP capitalising on every opportunity to provide the services? Diabetes prevention – is this something that CP can support?



Myth Busting

- Quiz time!!!

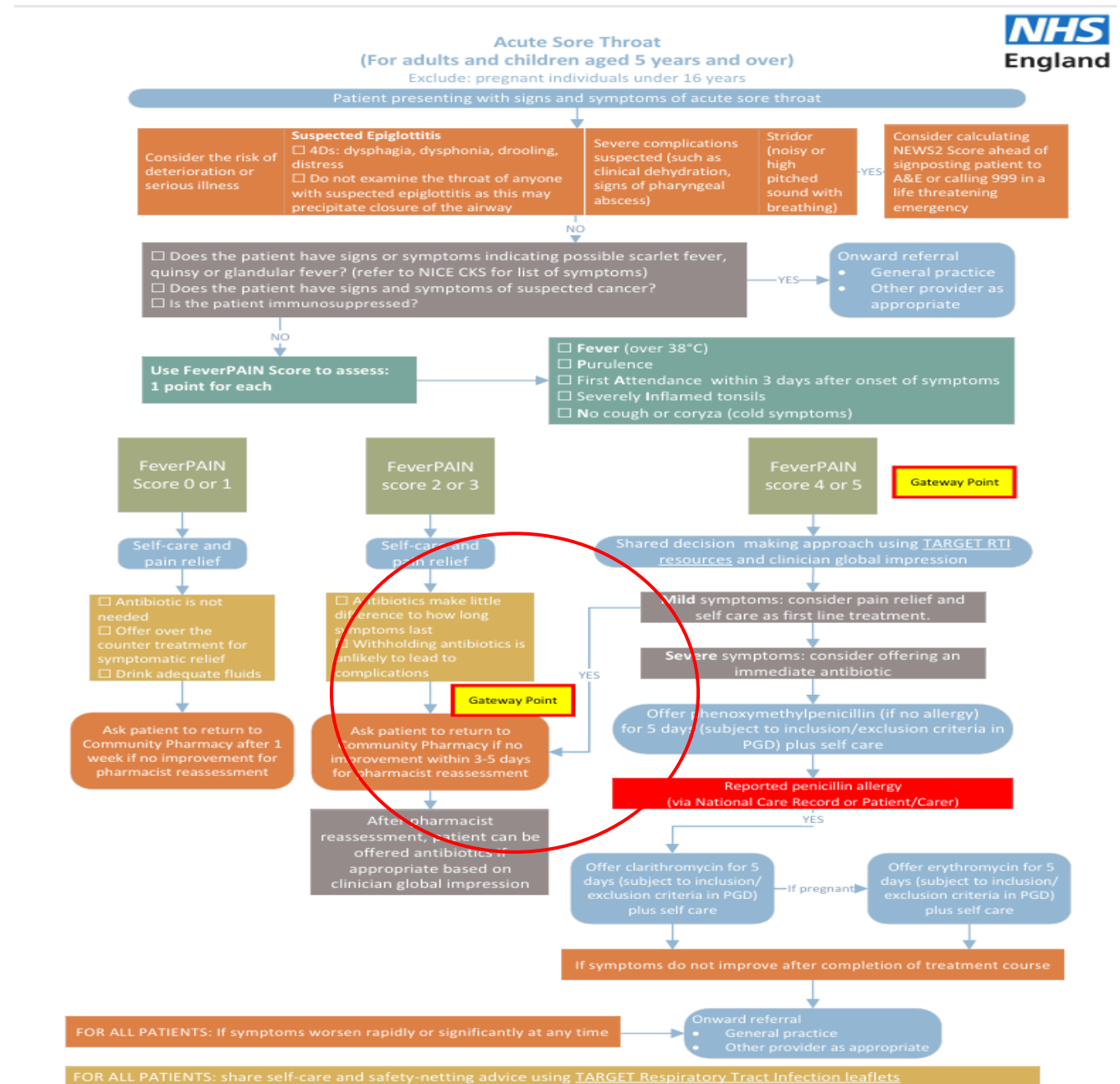
Myth Busting – Example 1



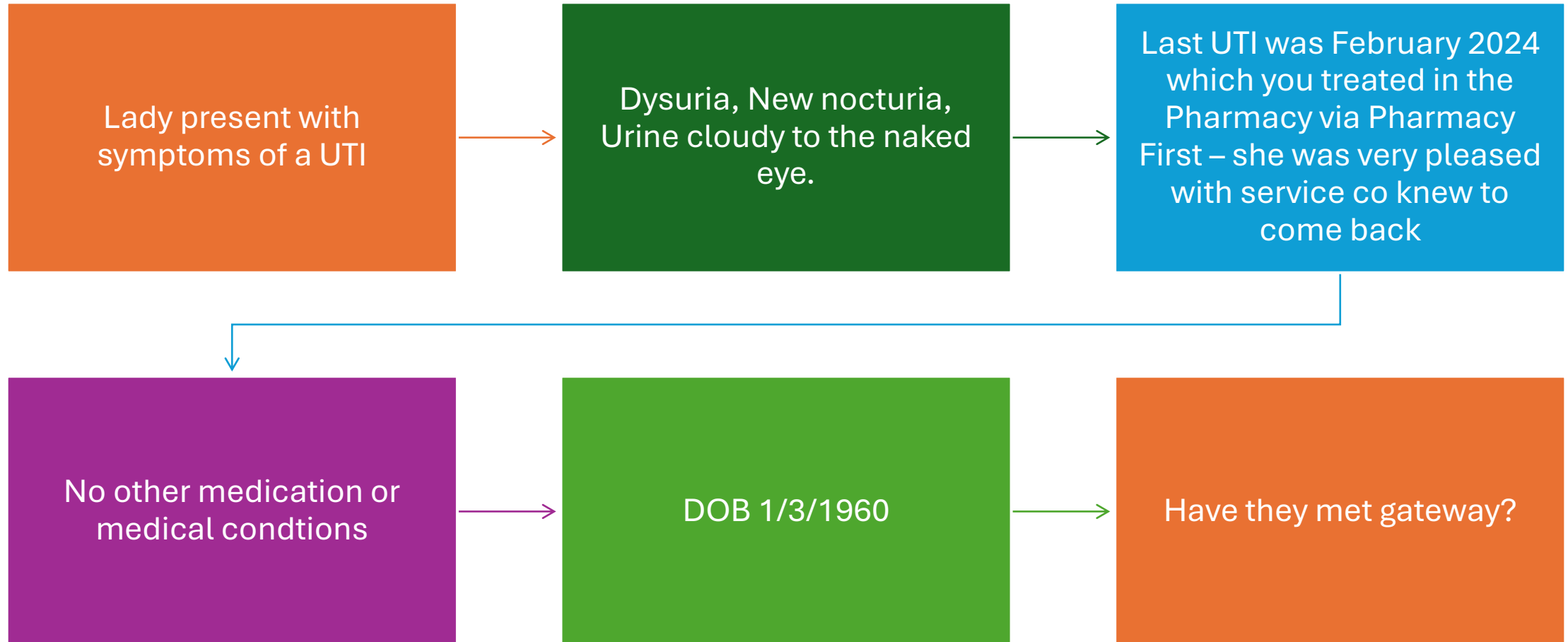
Claim a consultation

Record what you have examined – what was their temp, what you saw on examination, what you recommended for self care, and safety net advise.

Record that you advised them to come back if no improvement: If they come back start the process again and

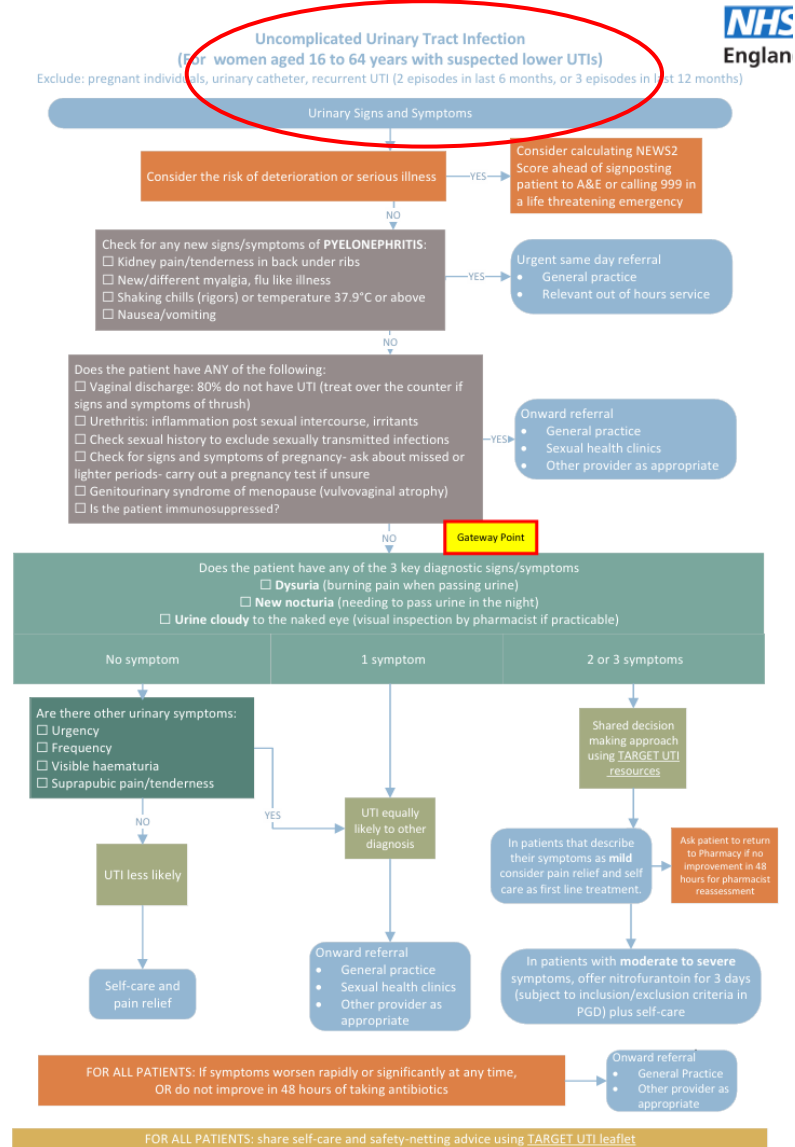


Myth Busting - 2

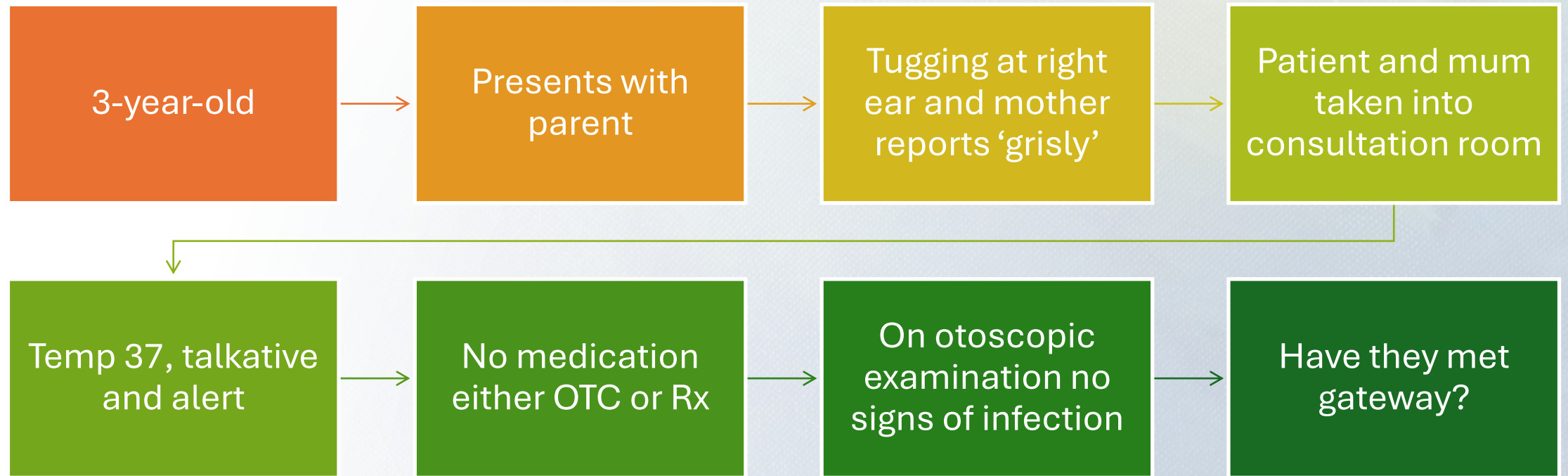


Should not get past pre-screen

- Should not pass pre-screen – was 65 recently, and the service is only for under 65 (NOT 65 and under)
- Explain the need to involve ALL the team – this patient should be signposted to appropriate local services – GP/Out of Hours/Walk in
- Important to protect you time

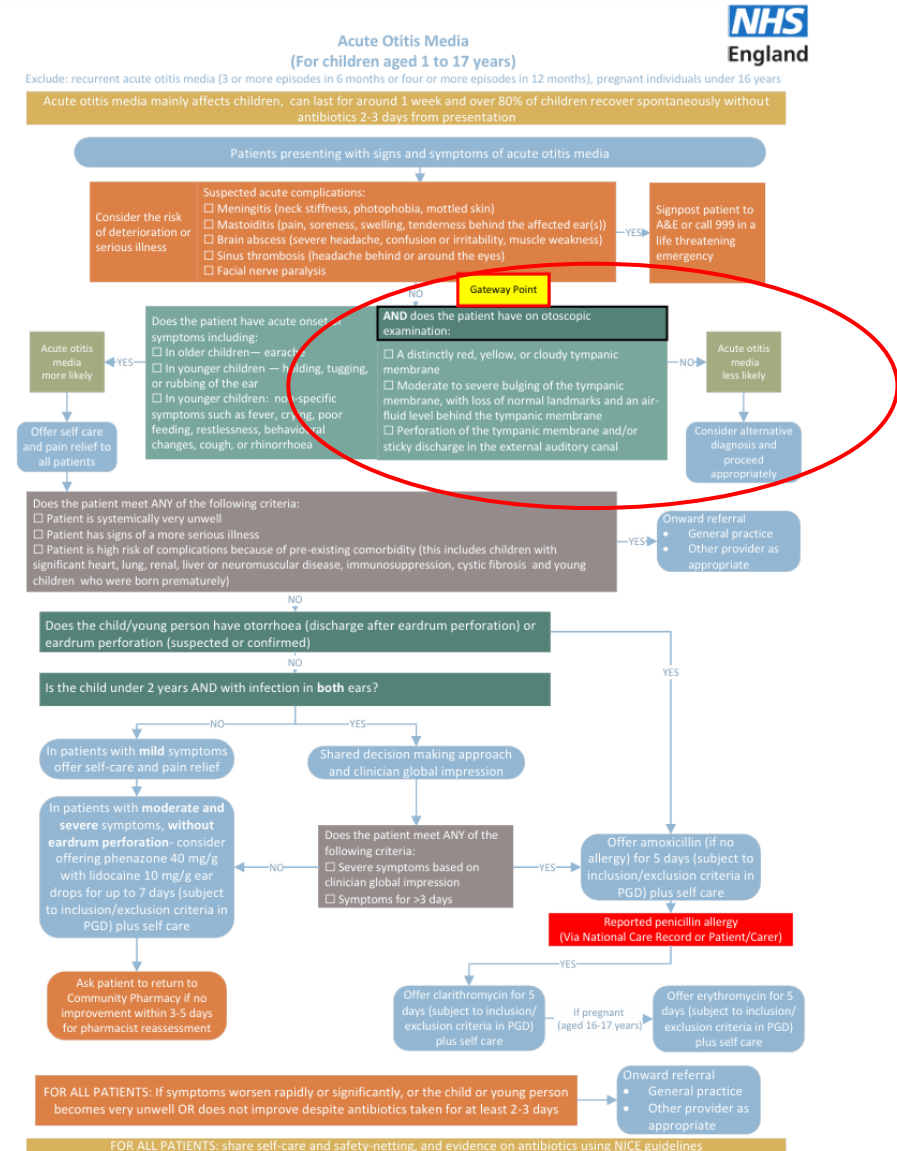


Myth Busting 3



Claim a consultation

- Yes – you have examined, they have received care, you will have safety netted, even advised to return if they do not get better
- Claim – add notes of what you have seen, remember if its not written down it has never happened



Clinical Training session

- Otoscope use
- Consultations with children
- Shingles

•The Golden Pathway to the Great Patient Journey

- How to Make Every Contact Count for your business
- The use of social media platforms to support business growth



We will now split into our sessions.



Don't worry - both sessions will be repeated so attendees will be able to attend both sessions.

CPE Update

Lindsey Fairbrother, CPE
Regional Representative



Play video here

<https://youtu.be/EJj8CXtIAjc>



Independent Prescribers (IP) Pathfinders Project update

Rebecca Dickenson

Shazia Patel

Paula Whitehurst





**Integrated
Care System**
Nottingham & Nottinghamshire

Independent Prescribers (IP) Pathfinders Project

Rebecca Dickenson
Community Pharmacy
Clinical Lead





**Integrated
Care System**
Nottingham & Nottinghamshire

Where are the Nottingham Pathfinders?

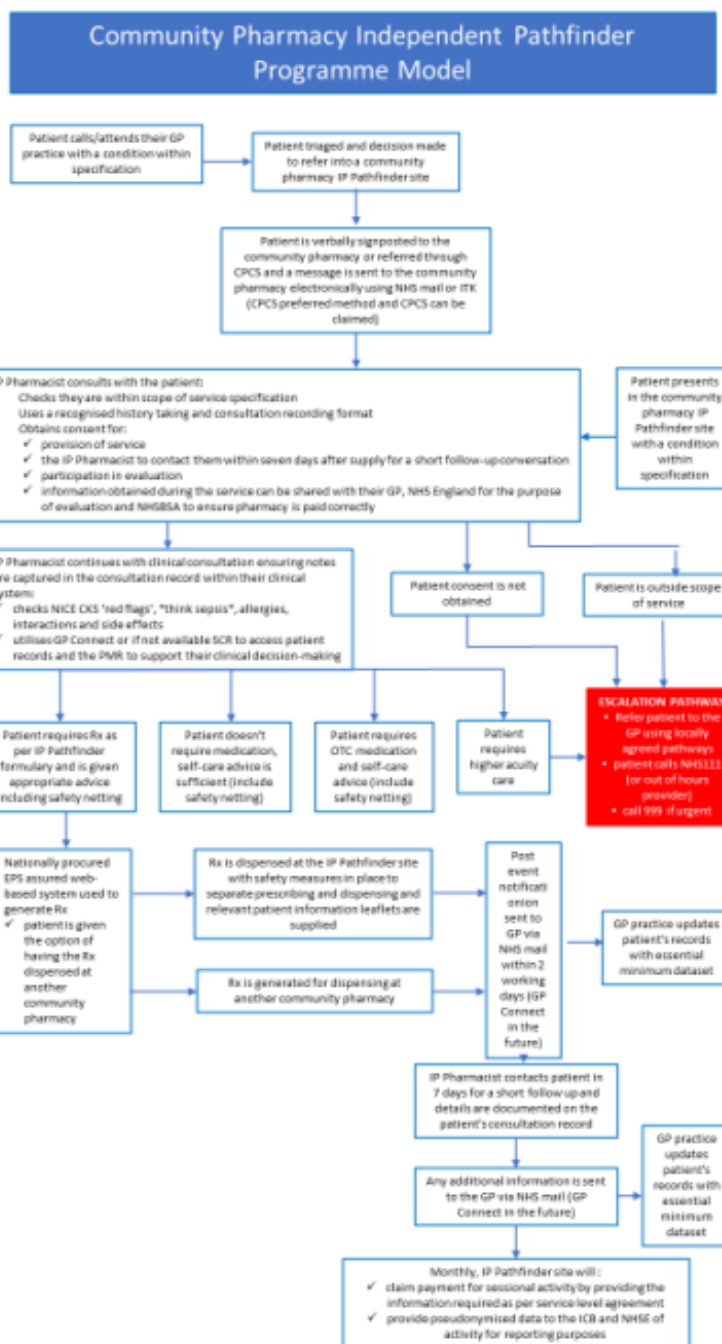
Map



IP Programme Model

The Model

- Minor acuity on the day model – over current Pharmacy First
- Within the competency of the individual Pharmacist
- Competencies developed with Clinical supervision
- Prescribing within local formularies and national guidance



**Integrated
Care System**
Nottingham & Nottinghamshire

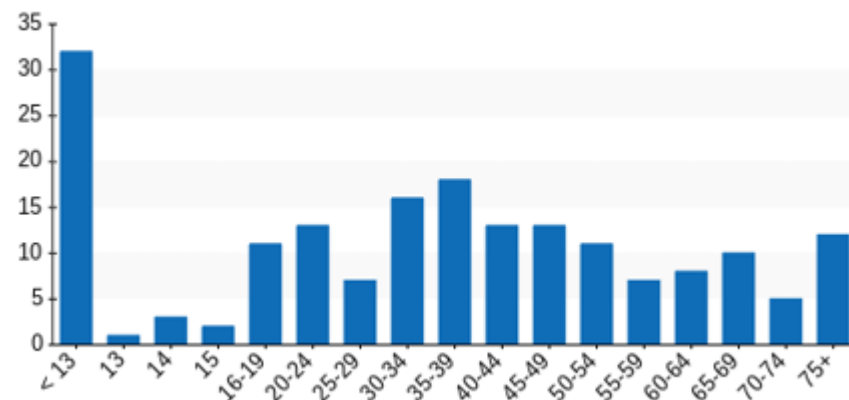


Progress so Far

Prescription number and Consultations

Data below kindly shared by Evans East Leake

- 182 Consultations between 18th October and 18th December
- 113 female patients and 69 male patients





**Integrated
Care System**
Nottingham & Nottinghamshire

Progress so Far

Conditions

Data below kindly shared by Evans East Leake

- Ears approx. 30%
- Respiratory approx. 20%
- Sore throat approx. 15%
- Skin approx. 15%
- UTI approx. 10%
- Acute sinusitis approx. 3%

Further Information

Questions



**Integrated
Care System**
Nottingham & Nottinghamshire

- Any questions?
- Further information
 - Rebecca.Dickenson7@nhs.net Community Pharmacy Clinical Lead
 - Preemal.Solanki5@nhs.net Project Manager

IP pathfinder update

Shazia Patel

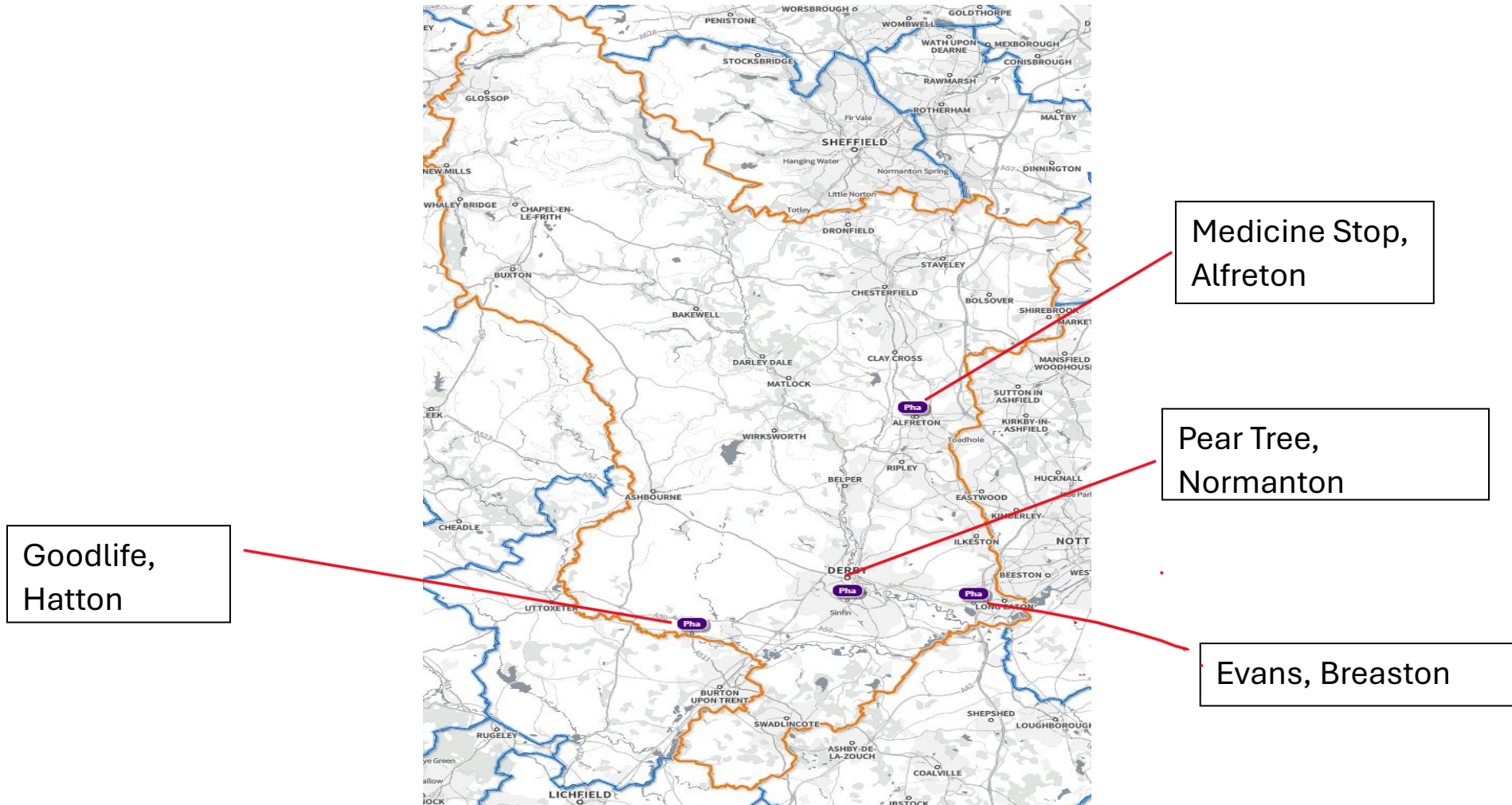
Community Pharmacy Clinical Lead

IP pathfinder update

- CLEO testing completed for TITAN
- GP practice engagement
- Goodlife pharmacy went live Mon 2nd December: over 200 consultations

Where are the Derbyshire Pathfinders?

Map



Derbyshire Community Pharmacy Independent Prescribing Pathfinder Service

Extension of current services with prescribing

- Minor illness
- Contraception

Chronic Disease – supports ICB/system LTC priorities

- Phase 1: Hypertension : Phase 2 Lipid management

Novel models: test opportunities to support access / AMR agenda/primary care pressures

- Acne management
- Menopause

Further information/questions

Shazia.patel@nhs.net Community Pharmacy Clinical Lead

Paula.Whitehurst1@nhs.net Project Manager

Clinical record keeping taster session

Emma Anderson, CPPE



NHS Pharmacy First clinical history taking and documentation in patient records

Emma Anderson

**CPPE tutor
Clinical Service Director Evans Pharmacy**

Aim

To support you safe and effective NHS Pharmacy First consultation structure and documentation.

Signposting you to CPPE resources for your development and support

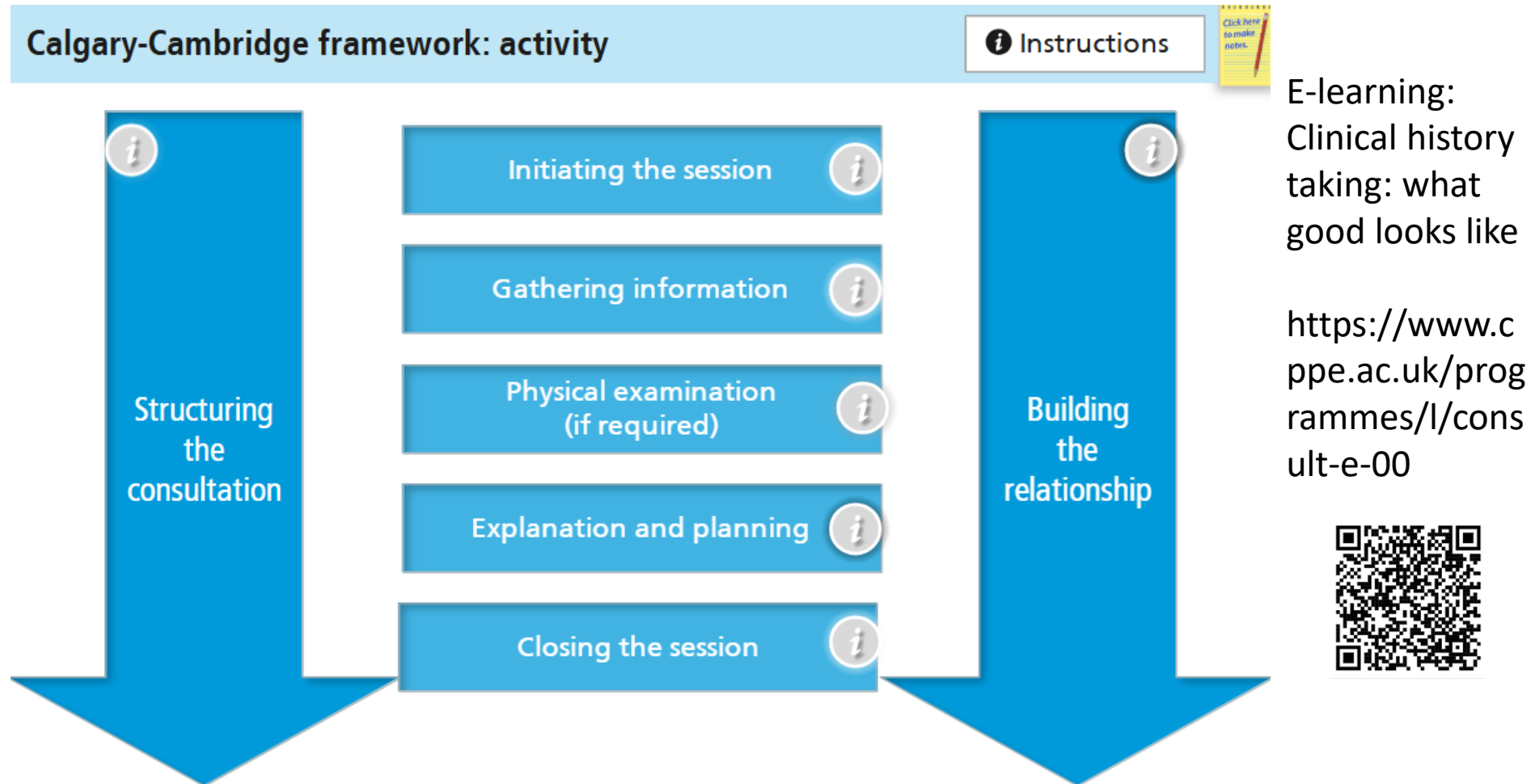
Providing practice-based examples from my community pharmacy role

Plan

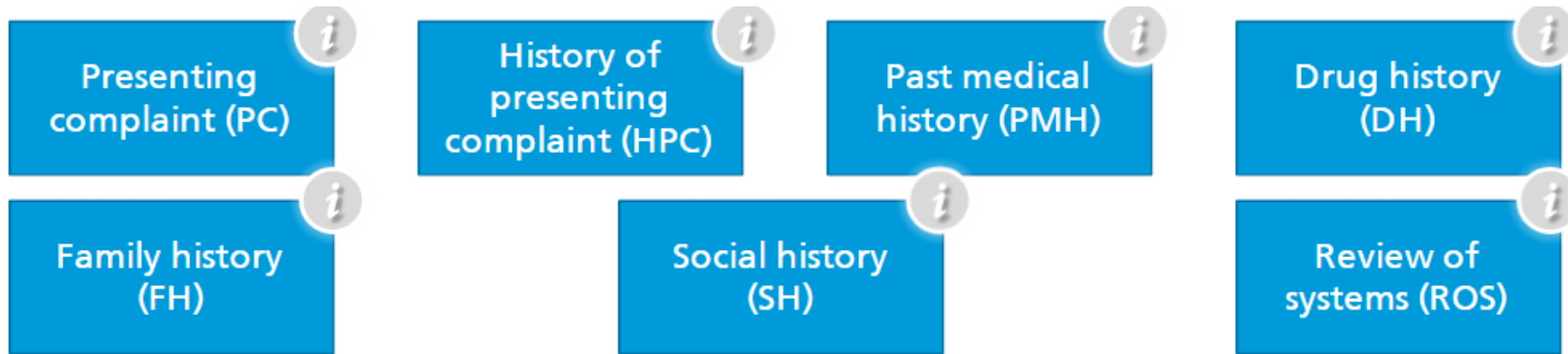
This is not a complete piece of learning that will make you service ready. The presentation will signpost you to complete learning as required according to your own needs.

- Recap on consultation structure
- An introduction to documenting in patient records.
- Document a video consultation for acute sore throat
- Minimum expectations for other situations
- Next steps

Consultation structure



What information to gather



SOCRATES

S	Site	Where exactly is the pain?
O	Onset	What were they doing when the pain started?
C	Character	What does the pain feel like?
R	Radiates	Does the pain go anywhere else?
A	Associated symptoms	e.g. nausea/vomiting
T	Time/duration	How long have they had the pain?
E	Exacerbating/ relieving factors	Does anything make the pain better or worse?
S	Severity	Obtain an initial pain score


E-learning: Clinical history taking: what good looks like

<https://www.cppe.ac.uk/programmes/I/consult-e-00>



Clerking sheet

Clinical history-taking: what a good consultation looks like. The clerking sheet

CPPE 
CENTRE FOR PHARMACY
POSTGRADUATE EDUCATION

Details	Notes
Introduction: <ul style="list-style-type: none">• Patient name and date of birth• Chaperone and name of chaperone• Confidentiality, note keeping and sharing of information• Informed consent	
Patient presenting complaint and history of presenting complaint: <ul style="list-style-type: none">• Site• Onset• Character• Radiation• Associated symptoms• Time• Exacerbating and relieving factors• Severity• Ideas• Concerns• Expectations• Effect on daily life (L)• Feelings	

E-learning: Clinical history taking: what good looks like

<https://www.cppe.ac.uk/programmes/I/consult-e-00>



Why is documenting in records important?

- Duty of care to the person
- Tests and examinations do not need to be redone on referral if completed and documented.
- Patient can see these records
- To adhere to professional standards
- Litigation including coroner's court
- Aids smooth transfer of care, so that complications and risks can be spotted, other healthcare professionals are clear in what you need them to do.
- Supports person centered care



NHS Pharmacy First business benefits

- Clear documentation gives GPs confidence in pharmacists.
- In my practice this has resulted in more GP referrals
- GPs prescribing on my observations
- NHS IP pathfinder contract
- Referrals into the NHS Pharmacy Contraception Service.
- Signposting into private prescribing services.

What to and what not to include:

Include	Do not include
<ul style="list-style-type: none">- History including positive and negative findings.- Examination- Diagnosis- Medicines management- Follow up and action plan	<ul style="list-style-type: none">- Unnecessary personal options- Incomplete or vague descriptions- Inappropriate language or abbreviations- Unprofessional language or tone



How to structure record

Structure of patient clinical records 2/5

As a pharmacy professional, you may need to record any of the following details relevant to the patient consultation:

History (includes presenting complaint [PC], history of presenting complaint [HPC], relevant past medical history [PMH], drug history and relevant current medicines [DH], relevant family history [FHx], relevant social history [SHx])

Examination (includes observations and any examinations done)

Diagnosis/Impression

Plan (includes any further investigations, any medicines prescribed and evidence base for this, any follow-up, or any referrals made, etc.)



CPPE documenting in patient clinical records e-learning

Where to document this for NHS Pharmacy First

Assessments Reports Claims Admin Help

Pharmacy First - Patient Registration

Service Entry

Method of entry to service

☐ Self-referral
☐ Email referral
☐ Onward referral from another pharmacy

If the patient has been assessed, either as part of a referral or self-assessed as part of a pre-consultation gateway assessment, you can view that assessment here.

Assessment Details

Clinical Notes

Use the box below to record clinical notes including advice provided and actions for patient:
Do not include patient identifiable information

There are free-type boxes for clinical notes in the registration screen and the minor ailment screens on NHS Pharmacy First recording platforms.

What's wrong with this?

Clinical Notes

Use the box below to record clinical notes including advice provided and actions for patient:

Do not include patient identifiable information

Patient reports ear pain for three days.
Examination ear drum is in tact
Otigo drops given



In my Evans role I would expect...

Patient reports ear pain for three days.
Examination ear drum is in tact
Otigo drops given

- Which ear, right left or both?
- Any discharge?
- Any fever in last 24 hours?
- Systemically unwell?
- Sepsis risk assessment unless looks well, feels otherwise well and shared decision not to do this

Documentation in practice

CPPE pharmacy first resources, including a comprehensive e-course includes many helpful videos to support you in your practice.

CPPE NHS Pharmacy first:
Delivering a quality service



Watch this consultation and document notes

[https://vimeo.com/
975015015/32b06bafa3?share=copy](https://vimeo.com/975015015/32b06bafa3?share=copy)

As you watch the link above -
document this as it were an NHS
Pharmacy First consultation at the
end we will compare your notes to
his notes!

- History of presenting illness
- Examination
- Diagnosis or impression
- Management plan and discussion including
- Follow up and safety netting

History of presenting illness

Video consultation. Photo of throat sent prior to consultation.

29-year-old male. ID confirmed.

Presents with a history of painful sore throat for several days, worried it might be Strep throat. Runny nose initially starting with a cough over a week ago. Associated symptoms including difficulty swallowing, headaches, fatigue. Wants to get better quicker due to wedding next week.

Note Above Philip uses the patient's own words which is an important aspect of documentation.

No fever (temperature consistently below 37°C).

Throat pain is significant, especially with swallowing.

No difficulty in breathing or drooling.

Examination

Photo reviewed, uvula central, no pus on the tonsils, but tonsils are noted to be very red and swollen. Not quinsy.

Fever pain score of 1.

This calculator allows you to copy and paste into the notes

<https://ctu1.phc.ox.ac.uk/feverpain/index.php>

The screenshot shows the 'Fever PAIN Clinical Score' calculator. It has a green header with the title and a 'Hit Count: 3198' indicator. Below the header, there is a section for 'Background Information' with links to further guidance and a desktop shortcut. The main form is divided into 'History' and 'Examination' sections. The 'History' section includes fields for 'Sore throat', 'Cough or Cold symptoms', 'Muscle aches', 'History of Fever in last 24 hours', and 'Onset of illness'. The 'Examination' section includes fields for 'Cervical glands', 'Inflamed tonsils', and 'Pus on tonsils'. At the bottom, there is a 'Fever present' section with a text input field and a 'Display Score' button.

Fever PAIN Clinical Score	
Hit Count: 3198	
Background Information	
Further guidance on the treatment of respiratory infection is available from the Health Protection Agency	
How to create a desktop shortcut for this site	
History	
Sore throat	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> No answer
Cough or Cold symptoms	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe *
Muscle aches	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> No answer
History of Fever in last 24 hours	<input type="radio"/> Yes <input type="radio"/> No *
Onset of illness	<input type="radio"/> 0-3 days <input type="radio"/> 4-7 days <input type="radio"/> 7+ days *
Examination	
Cervical glands	<input type="radio"/> None <input type="radio"/> 1-2cm <input type="radio"/> > 2cm <input type="radio"/> No answer
Inflamed tonsils	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe *
Pus on tonsils	<input type="radio"/> Yes <input type="radio"/> No *
Fever present	<input type="text"/>
Type in here the temperature and any other free text needed for the summary	
Display Score	

Diagnosis, management and discussion

Diagnosis:

Likely viral upper respiratory tract infection, due to absence of bacterial signs like pus on tonsils/fevers, and coryzal symptoms

Management and Discussion:

- Antibiotics discussed and deemed unnecessary for treatment as the presentation aligns more with a viral infection, and antibiotics would not alter the course of symptoms or duration of illness.
- Self-care measures recommended include rest, staying hydrated, using paracetamol and optionally ibuprofen for pain relief, gargling with warm salty water, using throat lozenges, and practicing voice rest to reduce throat irritation.
- Given patient information leaflet

Follow up / safety netting

Follow-up:

Advised to monitor symptoms and seek medical attention if they experience any warning signs such as high fever, severe pain, difficulty swallowing, difficulty with breathing or shortness of breath, unusual rashes or bruising, confusion, or extreme fatigue.

Immediate help via phoning 999 is recommended if symptoms significantly worsen. To come back if any questions or concerns.

Patient happy with plan above.

How did you get on?

Do you need to document any take home points?

There are other activities in this programme on how to manage expectations for unindicated antibiotics and how to manage expectations about what is available on clinical pathway for the NHS Pharmacy first pathways as well as tips for effective joint working with GPs and other stakeholders.



CPPE NHS Pharmacy First Delivering A quality Service programme section on documenting consultation in clinical records. There is also materials on managing expectations around antibiotics and what is available.

What about other clinical pathway conditions

- You will need to use judgement to prioritise what to include in documentation for each consultation on a case-by-case basis.
- This is the kind of things that I would expect to see in my Evans role, but it is not an exhaustive list.
- You will need to take responsibility for documentation in your own practice.

Acute otitis media – minimum expectations

History

- Symptoms, pain not relieved by paracetamol/ibuprofen
- Duration
- Discharge
- Systemically unwell (sepsis risk assess) or otherwise well
- Not immune compromised

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.

Examination

- Left ear examination. No pain on palpation. Ear examination is normal. Ear drum is intact.
- Right ear examination. No pain on palpation. Ear drum is red and bulging but is intact.
- Temperature

Impetigo – minimum expectations

History

- Symptoms (painless lesions, no history of blisters)
- Duration
- Otherwise well?
- Not immune compromised
- No liver disease no kidney disease
- Active underlying skin conditions
- Antibiotic allergy or NKDA

Examination

- Patient has four golden crusted lesions on the right side of mouth and chin the largest is 0.5cmx 1cm. No fluid filled vesicles, no swelling, no spreading redness, no visible pus
- Temperature

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.



Infected bite – minimum expectations

History

- Symptoms (tenderness as well as itch)
- Duration (more than 48 hours)
- Otherwise well?
- Not immune compromised
- No animal /human bite/scratch
- No travel outside of UK
- No liver/ kidney disease
- Antibiotic allergy or NKDA

Examination

- Patient has on lesion 2x3cm on outside of left ankle. No central clearance, no tracking, no large collection of fluid or pus. Red, warm, tender to touch
- Temperature

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.



Shingles – minimum expectations

History

- Symptoms (painful blistering rash)
- Duration less than 72 hours / 7 days with risk factors
- Otherwise well? (or sepsis risk assesses).
- Not immune compromised
- No kidney disease

Examination

- Patient has blistering rash on lower left back, 5x3cm total area which does not cross the midline. No lesions on the face, scalp or neck.

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.



Acute sinusitis – minimum expectations

History

- Nasal bilateral blockage with facial pain, Duration (10 days – 12 weeks)
- Getting worse
- No unexplained persistent or disproportionate bleeding
- No change of shape to face or nose detected by patient
- Otherwise well?
- Not immune compromised
- No concurrent steroid use.
- No glaucoma

Examination

- Temperature

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.

Uncomplicated UTI – minimum expectations

History

- Symptoms (dysuria, nocturia, frequency, urgency, cloudy urine, blood? Abdo pain or tenderness.
- No fever, no nausea, no vomiting, no pain under ribs
- Duration Otherwise well?
- Not immune compromised
- No other relevant urological history
- Antibiotic allergy or NKDA

Examination

- Temperature

As we go through these some of the information will be covered by radio button tick boxes, but you will need to add much of this into the free typed box for clinical notes.



Sepsis risk assessment

NEWS parameters

- Respiratory rate =
- Blood pressure =
- Pulse rate =
- Temperature =
- Oxygen sats =

Note service spec refers to NEWS2 but NICE NG51 was not out when this was published

Other NG51 parameters

- Normal mental state (yes/no)
- Not immune compromised (yes/no)
- No surgery in past 6 weeks (yes/no)
- Passed/ water in previous 12 hours (yes/no)
- Pulse is regular (yes/no)
- No changes to skin (yes/no)

Clear referrals



Mrs Miggins came to see me dysuria, frequency and urgency as well as pain under her ribs.

She is currently taking methotrexate.

I am concerned that she has an upper UTI.

Please could you indicate if you can review Mrs Miggins today or if you would prefer me to send her to the urgent care centre.

CPPE e-course NHS Pharmacy First: essential skills
Resources to support your practice



Amendments

What would you do if you needed to amend the record. For example, if the next day the patient came back and told you something significant?

Initial
date
comment.

Safety netting

Clinical history-taking: what a good consultation looks like

References | Transcripts

Safety netting

Click here to make notes.

At the end of the consultation it is important for you to offer the patient a safety net in case things go wrong. This protects both the patient and yourself as the clinical practitioner. It can ensure that a patient with unresolved or worsening symptoms knows when and how to access further advice or treatment, while it can also help reduce clinical risk.

Areas that should be covered include:

- ☐ expected outcomes with the information or treatment provided
- ☐ how to recognise possible unexpected outcomes, or when things are not going to plan
- ☐ what to do if the plan is not working, as well as when and how to seek help.

Using generic statements like “Do come back if you’re not better” is not particularly helpful to the patient as they may not fully understand what this means. It is advisable to be more specific in the advice that is given, for instance: “If X happens, please ring your surgery or the out-of-hours immediately”.

Take a moment to think of the ways you can safety net in your practice.

Make some notes here.

E-learning: Clinical history taking: what good looks like

<https://www.cppe.ac.uk/programmes/l/consult-e-00>



Safety netting

Documenting any next steps and safety netting. These are given in the PGDs for example for Shingles these include

- Advise individual/carer/parent/guardian to seek immediate medical attention if the individual is immunosuppressed and becomes systemically unwell or the rash becomes widespread or severe.
- Advise individual/carer/parent/guardian to seek medical advice if symptoms worsen rapidly or significantly at any time or do not improve after completion of treatment course.
- Advise individual/carer/parent/guardian to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis.
- Advise individual/carer/parent/guardian to seek medical advice if new vesicles are forming after 7 days of antiviral treatment, or healing is delayed.
- Consider Accurx or other NHS texting service to set up your own templates

Next steps

Useful CPPE resources to support the delivery of Pharmacy First (Not mandatory)

NHS Pharmacy First: Clinical assessment and examination skills full-day workshop	NHS Pharmacy First: Essential skills e-course	NHS Pharmacy First: Clinical assessment - essential skills online workshop
NHS Pharmacy First: Otitis media e-learning	NHS Pharmacy First: Sinusitis e-learning	NHS Pharmacy First: Sore throat e-learning
NHS Pharmacy First: Uncomplicated Urinary Tract Infection (UTI)	NHS Pharmacy First: Shingles	NHS Pharmacy First: Infected insect bites
NHS Pharmacy First: Impetigo	NHS Pharmacy First: Otitis media – otoscopy	NHS Pharmacy First - Delivering a quality service
Consultation skills	Documenting in patient clinical records	Urgent care: the role of community pharmacy and the NHS Pharmacy First service
Dermatology e-learning	Shared decision making	Common clinical conditions
Clinical history taking: what a good consultation looks like		



An essential guide to medical records

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How your LPC has been working for you during 2024/2025



Community Pharmacy Derbyshire

- Developed CPD Strategic Direction supported by a set of priority deliverables. [2425-CPD-Strategic-Priorities-FINAL.pdf](#)
- Monthly newsletter and daily social media content.
- Initiated a review of all locally commissioned services across Derby & Derbyshire.
- RAG rated all locally commissioned services to support contractors in their decision making. for 25/26 as to the services most likely to provide the best financial return.
- Supported the roll out of a new Take Home Naloxone Service for Derbyshire County.
- Multiple advertisement campaigns.
- Developed a generic letter that contractors can use to engage with their MP.
- Built relationships with Healthwatch, LMC and LOC to further support development of community pharmacy.
- Undertaken 59 visits to community pharmacies providing support and guidance to support service delivery.

opportunity to discuss pharmacy services

understand any barriers to service provision and offer solutions

to respond to any questions or requests for support

Outcomes

Clearer understanding of services.

Raising awareness of thresholds not being met.

Realisation that GP referrals may not land

Opportunity to think differently.

Signposting to resources / responding to queries.

Positive feedback to CPD support

Community Pharmacy Nottinghamshire

- Revenue improvement

- Increased remuneration from LA
- Focus on profit generating services

- Pharmacy First

- despite the difficulties we have had Derby and Notts are in the top quartile for consultations in the Midlands and we will continue to support you to achieve increased self referral, GP referral and appropriate signposting
- Contraception movement and webinars and working with CPPE
- Training and webinar support
- 40% of the local population do not know about pharmacy first so what an opportunity
- Development of resources

- Digital marketing and communication

- We want as many people to access what we are doing to support you so follow us on LinkedIn
- Ongoing communications designed to inform and engage with contractors to highlight key issues, topics and developments as well as outlining community pharmacy Notts personnel and committee activity
- Monthly newsletters – sign up if you wish to receive these (posters and leaflets with QR code later in slides)

- Relationship building across the ICB

- Relationship building that Nick has done in particular and Mike with local GP surgeries
- MP visits and relationships and the invite to the roundtable at Westminster
- Local authority commissioning
- Community pharmacy element of the Primary Care strategy
- Integrated neighbourhood working

- Individual contractor support



- Ongoing communications designed to inform and engage with contractors to highlight key issues, topics and developments as well as outlining community pharmacy Derbyshire and Notts personnel and committee activity.
- Regional print and online media campaign in Derbyshire and Notts to drive footfall to local pharmacy and highlight the Pharmacy First service
- Chance to tailor future campaigns to reach a specific target audience such as women aged 16-45 for contraception or those aged over 40 for a free BP check.

Pharmacy First Derbyshire

Pharmacy First Nottinghamshire

Inspired by the owner of a couple of pharmacies in Bristol who launched his own Pharmacy First Bristol website

Customer-facing websites designed to inform the public of the Pharmacy First service, the 7 common conditions it covers and the action to 'Find your Nearest pharmacy using NHS pharmacy finder.

Quick, concise and easy to navigate for everyone.

Long-term investment in a key digital resource that we can add to and enhance as we wish to reflect the changing face of pharmacy.

Website links

<https://pharmacyfirstderbyshire.com/>

<https://pharmacyfirstnottinghamshire.com/>



Q&A Session



Staying connected – CP Derbyshire

- General enquiries: info@cpderbyshire.org.uk
- Nick Hunter, Chief Officer nhunter@cpderbyshire.org.uk
- Amanda Alamanos, Engagement Lead aalamanos@cpderbyshire.org.uk
- Chris Kerry, Service Implementation & Support Manager
ckerry@cpderbyshire.org.uk

Staying connected – CP Nottinghamshire

- Nick Hunter, Chief Officer – Nickhunter@cpnotts.org
- Mike Jones, Service Implementation and Support Officer Mikejones@cpnotts.org.uk
- Alison Ellis, Secretary – AlisonEllis@cpnotts.org

Resources

- [Derbyshire LPC – Supporting Derbyshire's Pharmacies](#)
- [Nottinghamshire LPC – Representing pharmacy contractors in Nottinghamshire](#)
- [Pharmacy First Service support materials for Community Pharmacy & General Practice – Derbyshire LPC](#)
- SPS have developed a series of podcasts for the 7 Pharmacy First clinical conditions - [Pharmacy First podcast series – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- CPE – Pharmacy First, when to reject and when not to reject? - <https://cpe.org.uk/our-news/pharmacy-first-to-reject-or-not-to-reject/> It's important to ensure all pharmacists are aware of when to claim and eliminate the risk of any consultations slipping through the net.
- Pharmacy First “Top Tips” - The Pharmacist website has developed and published a full suite of Top Tips for the delivery of the 7 clinical pathways within the NHS Pharmacy First Service. [Pharmacy First “Top Tips” links – Derbyshire LPC \(cpderbyshire.org.uk\)](#)
- CPE have developed a Pharmacy First myth busting series [Pharmacy First service - Myth busting - Community Pharmacy England](#). Updated on a regular basis this is a great resource to answer any questions you may have.
- **[Pharmacy Contraception Service](#)**
- The NHSE Pharmacy Contraception service webinars
- 11 July 2024 was recorded and can be viewed using this link - <https://www.youtube.com/watch?v=8phltmqGotM>
- 12 November 2024 was recorded and can be viewed using this link - <https://youtu.be/NOi9VVbPrEQ>
- [Shared decision making on initiation of contraceptive pills – Top tips on Vimeo](#)

Staying connected – CP Nottinghamshire



Sign up to the newsletter here by scanning the
QR code below or go to
<http://eepurl.com/dFWOeP>



NOTTINGHAMSHIRE

Staying connected – CP Derbyshire



Sign up to the newsletter here by scanning the
QR code below or go to
<http://eepurl.com/iBhoOw>



DERBYSHIRE

Closing comments

