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PSNC Briefing 038/22: NHS Community Pharmacy Advanced Services – information for general practice teams

This PSNC Briefing provides information for general practice teams about Advanced services provided by community pharmacies in England.

New Medicine Service (NMS)

The NMS is designed to provide early support to patients to maximise the benefits of their newly prescribed medication. The development of the service was based on proof-of-concept research which showed that an intervention by a pharmacist can help to improve patients' adherence to their medicine. In the [original research](#) and an [evaluation of the substantive service](#), patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time.

Patients prescribed a new medicine for one of the following conditions are eligible for the NMS (either through referral by healthcare professionals such as GPs, practice nurses and clinical pharmacists or post discharge from hospital) or by the pharmacy team advising the patient about the service:

- Acute coronary syndromes
- Asthma and COPD
- Atrial fibrillation
- Coronary heart disease
- Diabetes (Type 2)
- Epilepsy
- Glaucoma
- Gout
- Heart failure
- Hypercholesterolaemia
- Hypertension
- Long term risks of venous thromboembolism / embolism
- Osteoporosis
- Parkinson's disease
- Stroke / transient ischemic attack
- Urinary incontinence or retention

The service can also be offered to support parents/guardians/carers of children and adults newly prescribed eligible medicines who could benefit from the service, but where the patient is not able to provide informed consent.

In 2023, subject to positive evaluation of an ongoing pilot, the above list of conditions will be expanded to include patients who are newly prescribed an antidepressant.

The service is split into three stages:

1. Patient engagement

Following the prescribing of a new medicine covered by the service, patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. The pharmacy team will dispense the prescription and provide initial advice as they normally would.

2. Intervention

The intervention stage will usually take place between 7 and 14 days after patient engagement, at an agreed time and through a method agreed with the patient (this could be face-to-face, by telephone or a video consultation).

The pharmacist will use an [interview schedule](#) to guide the conversation with the patient, which includes assessing their adherence, identifying problems and the patient's need for information, advice or support which the pharmacist will provide. If the patient is experiencing any problems (such as side effects or difficulties using the medicine), the pharmacist will work with the patient to resolve these. If the patient is experiencing difficulties which they cannot resolve with the assistance of the pharmacist, they may be referred to the prescriber for review.

At the end of the consultation, the patient and the pharmacist will discuss next steps – usually either arranging for the follow-up stage to take place, referring the patient back to the prescriber or both.

3. Follow-up

The pharmacist will follow-up with the patient 14 to 21 days after the intervention (again face-to-face, by telephone or a video consultation) to discuss how the patient is getting on with their medicine, including if problems identified at the intervention stage have been satisfactorily resolved and if any new issues have arisen. They will also provide further information, advice, signposting or referral if required.

At any stage, the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics.

Potential benefits of the NMS to general practice teams

The NMS does not seek to duplicate work undertaken in general practice reviews, but rather to provide additional support to patients by helping to ensure medicines are taken safely and effectively. Some ways that NMS can benefit your practice are:

- a reduction in the number of patients who do not take their medicines as intended (some estimates suggest that up to 50 % of prescribed medicines are not used as intended);
- a reduction in patients returning to general practices due to problems related to poor adherence, exacerbations and side effects which could be resolved by the pharmacist;
- a reduction in patients returning to general practice with questions about their medicines that could be answered by the pharmacist;
- identifying patients who are intentionally non-adherent but reluctant to inform their GP;
- supporting initial and ongoing management of patients with long-term conditions; and
- reduction of waste from unused medicines and unnecessary reordering and dispensing of medication.

[NHS England guidance](#) on Structured Medication Reviews (SMRs) and medicines optimisation includes information on referrals being made to community pharmacies for NMS. There is also a proactive call in [guidance](#) published by NHS England to support Primary Care Network (PCN) clinical pharmacy teams with implementation of the SMR and optimisation service requirements in the Network Contract Direct Enhanced Service Specification for 2022/23 to work with community pharmacies to connect patients appropriately to NMS.

If a patient on your registered list is offered (and accepts) the NMS, you may receive a feedback form from the pharmacist to inform you of any problems or other issues that you may wish to be aware of, for example, if the patient is having trouble using the medicine or has stopped taking it without the prescriber's knowledge.

When there are no issues raised that the pharmacist feels the GP practice would wish to be aware of, then no form is sent (unless the GP practice has requested feedback when referring the patient to the service). If a problem requiring review by the prescriber is identified, the pharmacist may refer the patient back to the GP practice. If the problem is urgent, they will generally telephone the GP practice to ensure this is handled in a timely manner.

Seasonal Flu Vaccination Service

Community pharmacists have been commissioned nationally to provide NHS flu vaccinations since September 2015. In 2021/22, changes were made to the Patient Group Direction (PGD) for the service, to include other practitioners who are also able to use PGDs, for example, nurses; this allows them to also provide the service under the supervision of a pharmacist, trained in vaccinations (including a clear understanding of this service).

A national protocol was also developed in 2021/22, which allows those who are registered healthcare professionals who cannot operate under a PGD, and those who are not registered healthcare professionals, in the context of the Flu Vaccination Service, to administer a licensed influenza vaccine.

Under the service, all people aged 18 and over who are [eligible for an NHS flu vaccination](#) during the season can be vaccinated. If patients are not eligible for a free NHS flu vaccination, then many pharmacies also offer a private flu service where the patient can pay for a vaccination.

Community pharmacy teams must ensure that a notification of vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. A national GP Practice Notification Form is available; however, generally electronic notifications are now sent to the patient's GP practice. In addition, where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.

All pharmacists providing the service will have undertaken training which covers the [National Minimum Standards for Immunisation Training](#). Face-to-face training on injection technique and basic life support is undertaken periodically. All pharmacies will have an anaphylaxis kit available as per the recommendations in the [Green Book](#).

Community Pharmacist Consultation Service (CPCS)

The CPCS launched in October 2019 to connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy which can assist them. The service takes referrals to community pharmacy from NHS 111 (and NHS 111 online), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. In March 2023, referrals will also be accepted from Urgent and Emergency Care settings.

Since 1st November 2020, general practices have also been able to refer patients for a minor illness consultation via CPCS (general practices cannot refer patients for an urgent supply of a medicine or appliance). There must first be local discussions to agree how the referral pathway will work, with these discussions involving pharmacy contractors, the PCN and the member general practices, the NHS England regional team and the Local Pharmaceutical Committee (LPC).

If a community pharmacist does make a supply of a medicine or appliance through CPCS, they are required to notify the patient's GP on the day the supply is made or on the following working day.

Community pharmacy teams are not permitted to actively promote CPCS to patients, as NHS England's intention is that the service is only used by patients for urgent cases. It is therefore unlikely that GP practice teams will see this service being advertised by community pharmacies.

Hypertension Case-Finding Service

The Community Pharmacy Hypertension Case-Finding Service (publicly known as the Blood Pressure Checks Service) was commissioned in October 2021. The service aims to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease by:

- Identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service;
- At the request of a general practice, undertaking ad hoc normal and ambulatory blood pressure measurements; and
- Providing an opportunity to promote healthy behaviours to patients.

The service has two stages:

- Stage 1 – identifying people at risk of hypertension and offering them the opportunity to have their blood pressure measured.
- Stage 2 – offering 24-hour ambulatory blood pressure monitoring (ABPM) if a person's blood pressure reading is high at Stage 1 or they are referred to the pharmacy for ABPM by their general practice. Patients who are then identified with high blood pressure will be referred to their general practice.

Currently, only pharmacists can provide the service, but the service specification is being amended to allow pharmacy technicians to deliver the service to make best use of their skill-mix.

The service supports the work that both general practices and wider PCN teams are undertaking on cardiovascular disease prevention and management, under the PCN Directed Enhanced Service.

General practices will be notified of all blood pressure readings undertaken for their registered patients; the timescale for sending the notification to the practice will depend on the reading, with some notifications being sent weekly, while others are sent on the same day the monitoring occurs. These notifications and referrals can be undertaken by NHSmail or secure electronic data interchange.

GP referring patients for blood pressure checks

At the request of a general practice, blood pressure checks of individuals (including those already diagnosed with hypertension) may be carried out in the pharmacy through this service. If practices want to use this facility, they should agree a local process with pharmacies by which this will work. There are no specific requirements set for this process and it could involve the practice agreeing that a specific list of patients can access the service, or a cohort of patients could be specified.

General practices can also refer patients requiring ABPM; in this scenario it is recommended that this referral is made electronically to the pharmacy, e.g. via NHSmail.

Smoking Cessation Service (SCS)

This service was commissioned in March 2022 and allows NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

Currently, only pharmacists can provide the service, but the service specification is being amended to allow pharmacy technicians to deliver the service to make best use of their skill-mix.

Pharmacists should follow the consultation structure within the National Centre for Smoking Cessation and Training [Standard Treatment Protocol for SCS](#), which includes:

- Undertaking a carbon monoxide test;
- Provision of behavioural support;

- Supply of Nicotine Replacement Therapy (NRT);
 - This will be initially determined by the details of NRT supplied at discharge from hospital;
 - The pharmacy will supply a maximum of two weeks NRT at a time; and
 - The course length should not exceed 12 weeks treatment from the defined quit date – this includes any treatment supplied to the patient while in hospital and at the point of discharge.

The patient's GP practice must be notified of the outcome (whether the patient has been successful or unsuccessful) when the patient is discharged from the service.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy, at the patient's home or (where clinically appropriate) via a telephone or video consultation. AURs seek to improve the patient's knowledge and use of any 'specified appliance' (a list of 'specified appliances' can be found in [Part IXA of the Drug Tariff](#)) by:

- establishing the way, the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance (a list of appliances suitable for SAC can be found in [Part IXA of the Drug Tariff](#)) based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Hepatitis C Testing Service

The Community Pharmacy Hepatitis C Antibody Testing service commenced in September 2020. It is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who have not yet moved to the point of accepting treatment for their substance use.

Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Where an individual who tests positive is registered with a general practice and they consent to their GP being notified of the positive test result, a practice notification form will be sent to their general practice confirming the result and any onward referral.

Pharmacy Contraception Service (PCS)

In early 2023, a Pharmacy Contraception Service (Tier 1) will be commissioned. Initially the service will involve pharmacists providing review and ongoing supply of routine oral contraception that was initiated in general practice or a sexual health clinic.

The supplies will be authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.

Subject to a positive evaluation of the ongoing pilot, from 4th October 2023, Tier 2 of the service will be introduced. This will enable pharmacists to also initiate oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews.

For more information on community pharmacy Advanced services, please visit psnc.org.uk/advanced.