

Community Pharmacy Update

- **Sunday 22nd June 2025**

Agenda

10.00: Welcome, domestics, introduction and plan for the day

10.15: NHS changes – what do we know so far and what will it mean

10:30: Contractual Framework 25/26

11.00: PQS

11.30: NMS – Depression

-----Lunch 12.00-12.30-----

12:30 Practical Demonstrations

13:00 CPPE – support available

13:20 CPPE- Leading for change

13:40 Closing Remarks and local services and support needed

Welcome

Introductions

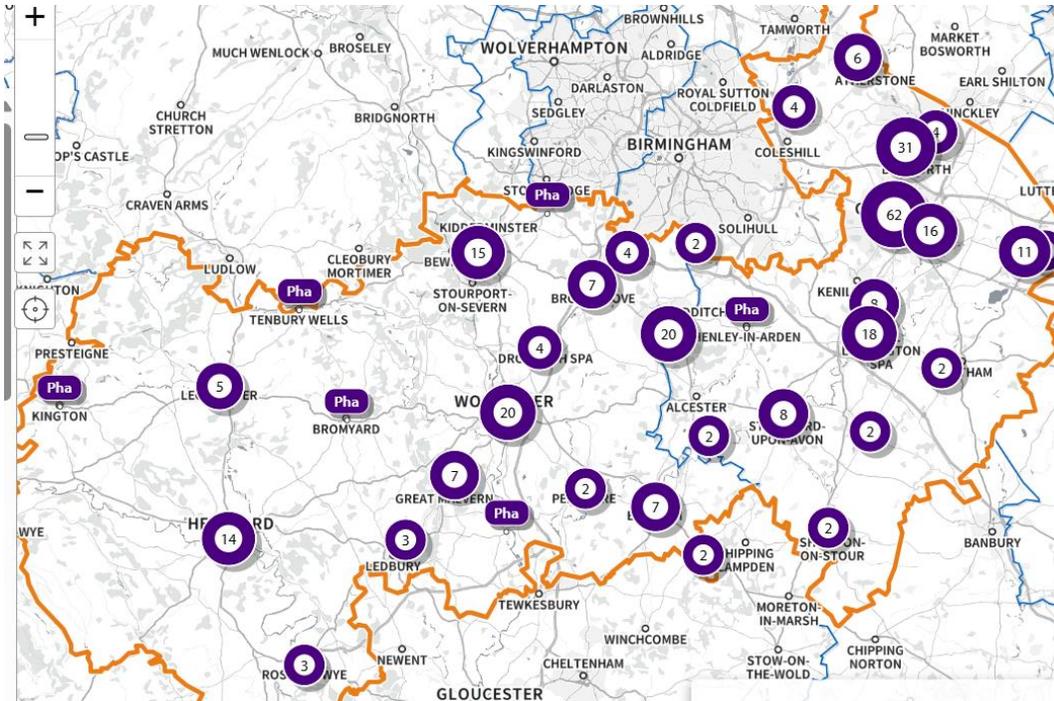
Domestics

Plan for the day



NHS Changes and community pharmacy

So, what is changing?



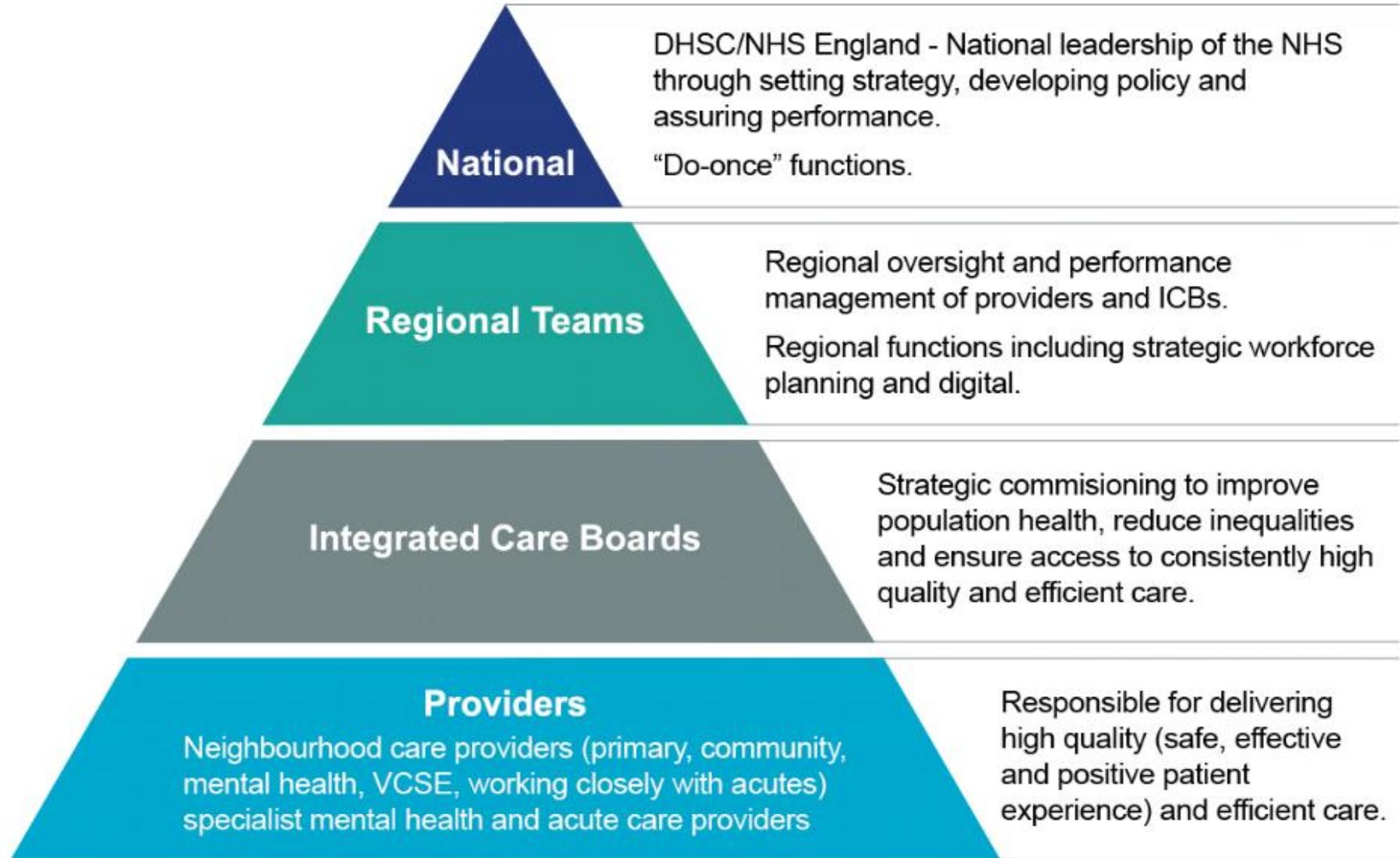
NHSE – DHSC combined
ICB Clusters
ICB Blueprint
Neighbourhood Teams
What does it mean for
us?

NHSE and DHSC to combine within 2 years

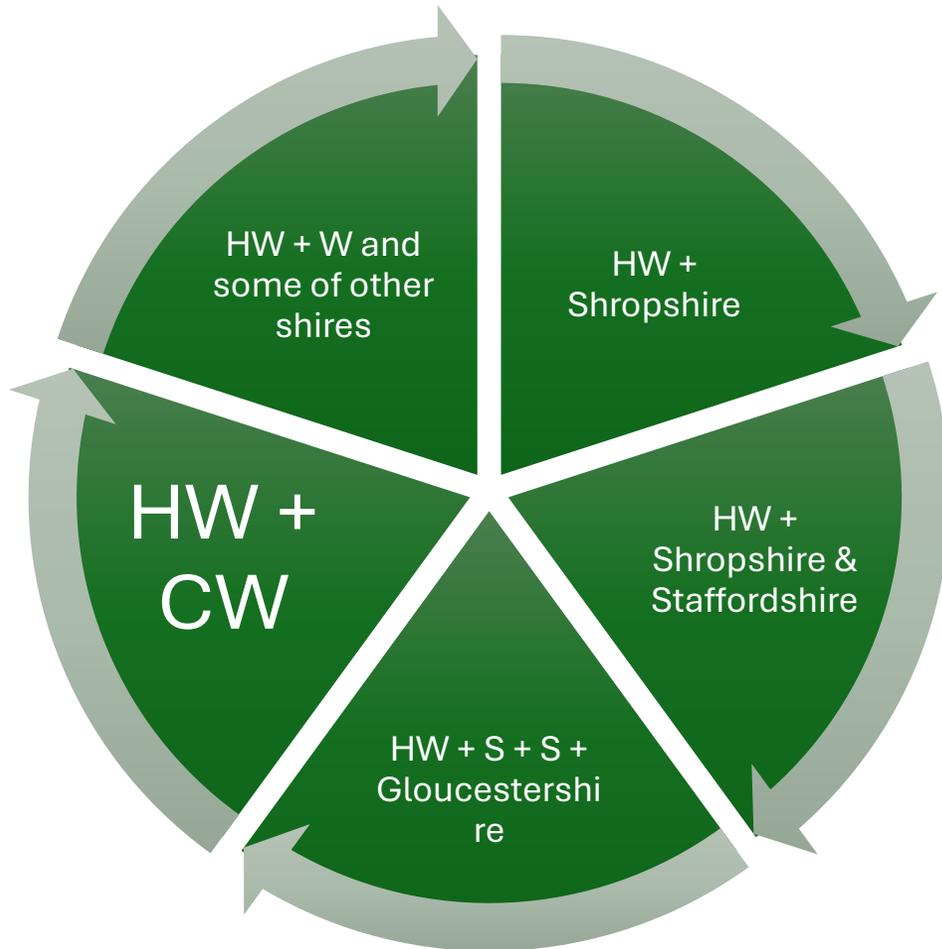
- The Secretary of State for Health and Social Care said that NHS England is being "taken back into direct government control".
- Headcount across both NHS England and the DHSC is expected to be cut by around 50 per cent and it has been reported that the savings could release around £500 million.
- The Secretary of State would not be drawn at this stage on how this will be cut across the two organisations: this will be worked through by the transformation team.
- The Transformation team will decide which functions move to DHSC and which to ICBs.
- It is expected that Regional Team – Office of West Midlands will remain in some form and support Community Pharmacy Contracts.

Areas of focus for DHSC and ICBs

- **The three shifts**
 - Analogue to Digital
 - Treatment to Prevention
 - Hospital to Community
- **ICBs and neighbourhoods will have close links between public health, primary and secondary care**
- **Keeping in budget!**
- **Reducing ED attendance**
- **Improve access to all areas primary care**
- **Improve mental health support**
- **Quality and Safety**
- **Build the provider led neighbourhood model**
- **Neighbourhoods** may start as same footprint as PCNs or may become larger (somewhere between 30-80,000 population generally although could go bigger) – providers all need to work together alongside community groups and charities



Local ICB Changes H&W and C&W



- Several options were discussed – final decision was made in May – it will be a collaboration model or CLUSTER, until legislation changed to allow mergers and confirmation of geographies vs mayor boundaries

What does it mean for Community Pharmacy?

- Funding may move down to neighbourhood level
- Providers Collaboratives will control funding and process for award
- Understanding Population Health and Inequalities
- Work moving from hospitals to community
- Pharmacy First / OC and BP Services
- Building local relationships will be key
- Key that Community Pharmacy part of this
- We have an important role to play
- Well placed to support with community services – DMS will be very important
- Key focus on these services, which are likely to expand and as precursor to IP Services

Contractual Framework 25/26 and Advanced Services

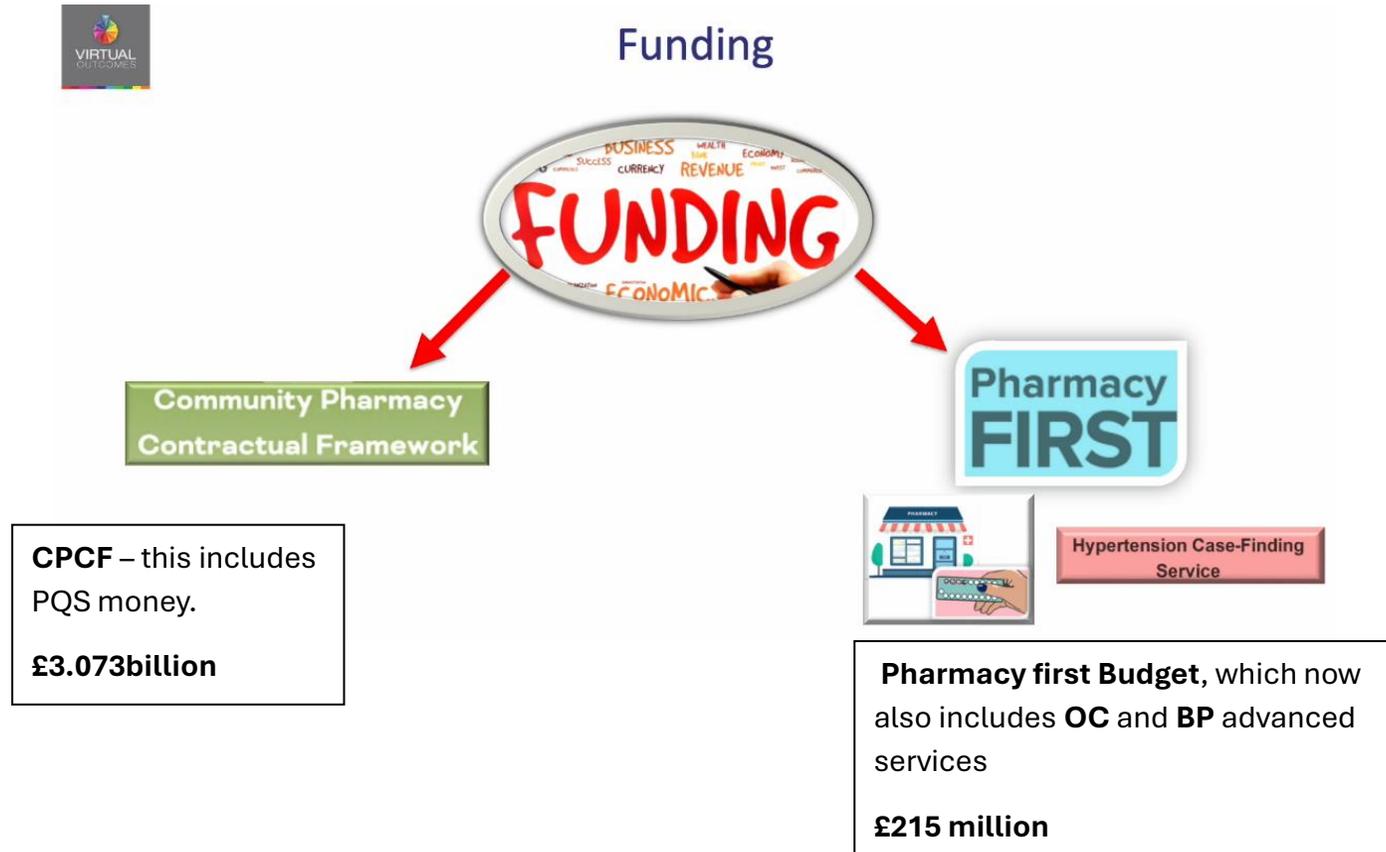


We will look at:

- Quick overview of the Funding agreement announced on 31st March
- Implications of the funding agreement on Advanced Services
- Current sign up and delivery rates for HW pharmacies

Contractual Framework 25/26 and Advanced Services

Overview of Funding



Contractual Framework 25/26 and Advanced Services

Funding changes summary:

	2023/24	2024/25	2025/26
CPCF contract sum	£2,592m	£2,698m*	£3,073m*
Margin write off			£193m
Primary Care Recovery Plan ('Pharmacy First') spend	£48m**	£140m**	£215m
Total	£2,640m	£2,838m	£3,481m
Percentage change Year on Year		7.5%	22.7%
Percentage change versus 2023/24		7.5%	31.9%

This leaves £42 million of margin to be clawed back over the next 12 months.

*Includes increased margin allowance of £850m in 2024/25 and £900m in 2025/26

**Significant portions of the Primary Care Recovery Plan budget were allocated towards historic fee write offs, marketing for Pharmacy First and IT development, and are not shown in the table above.

Advanced Services

Pharmacy First Service

1. From April 1st 2025 **the fee** for Clinical Pathway Consultations and Minor Illness Referral consultations was increased to £17. Urgent supply consultations remain at £15
2. From June 1st **new thresholds for fixed payments** for Clinical Pathway Consultations changed to
20-29 consultations → £500 monthly payment
30+ → £1000 monthly payment
3. Bundling requirement
4. New **Caps and banding** on the provision of clinical pathway consultations – new monthly caps on clinical pathway consultations from April 2025 and are updated every month based on the most recent verified three months payments
Any activity above the monthly cap will not receive the £17 consultation fee but to increase banding and therefore cap you may need to do Clinical Pathways above your cap....

Advanced Services

Clinical Pathway Banding

Pharmacies are placed in bands depending on past 3 months* average number of clinical pathway (CP) consultations. In this example, a pharmacy previously doing around 10 -12 Clinical Pathway consultations per month, significantly increases activity from June due to receiving more surgery referrals:

Current month	Clinical Pathways (CPs) delivered	Banding based on number of CPs delivered in:	Example				Banding**	Cap**	Over cap?
			Monthly CPs			Average			
June	35	January, February, March	10	10	11	11	1	32	Yes
July	35	February, March, April	10	11	12	11	1	32	Yes
August	35	March, April, May	11	12	10	11	1	32	Yes
September	35	April, May, June	12	10	35	19	2	42	No
October	35	May, June, July	10	35	35	27	3	56	No

NHSBSA uses the most recent, verified 3-month figures
Based on current figures for June on NHSBSA website

Advanced Services

Hypertension Case-finding Service

1. To encourage delivery of ABPM, the fee has been recently increased to £50.85. Additionally, from 1st October 2025, as part of “bundling” requirements for the monthly Pharmacy First payment, pharmacies will be required to **deliver at least one ABPM provision per month**
2. **Service fees from 1st April 2025**
 1. **Clinic Check fee:** £10 per consultation (previously £15)
 2. **ABPM fee:** £50.85 (previously £45)
3. **New Service Specification is yet to be published**, and we will issue update with more information when it is available.

Advanced Services

PCS

1. Consultation fees increase from £18 to £25 per consultation
2. **Skill mix** - suitably trained and competent pharmacy technicians will be able to provide the service once changes to the service specification and the Secretary of State Directions are made.
3. **Addition of Drospirenone** to be added to the PGD to enable the supply of this medicine.
4. **Addition of Emergency Contraception to the service from October 2025**, subject to the introduction of IT updates at a fee of £20 per consultation

You must be registered for PCS by 31st August 2025 to pass the gateway for PQS
25/26

Advanced Services

Bundling

Service bundling is the integration of the Pharmacy First Service, Hypertension Case-Finding Service and the Pharmacy Contraception Service into a single offering.

From 1 st June 2025	To be registered to provide the Hypertension Case-Finding Service and Pharmacy Contraception Service (requirement to provide the HCF is not applicable to Distance Selling Pharmacies).
From October 2025	To deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month. (not applicable to DSPs).
From March 2026	In addition to at least 1 ABPM per month, there will be a requirement to provide a specified number of contraception consultations each month (number yet to be confirmed).

NOTE:

To de-register from an advanced service listed in the Drug Tariff (Part VIC), a pharmacy owner must provide 30 days' notice via the MYS portal. Following de-registration, they cannot re-register for that service for **four months from the final day of their 30-day notice**. This means that if a pharmacy deregisters from any of the three services, then they won't be eligible for bundling and therefore the Pharmacy First fixed payment for **at least 5 months**.

Sign up, delivery rates and bundling eligibility

115 pharmacies in HW, 105 are registered for all three services.

Clinical Pathways	April 25	May 25
30+ (£1000 payment)	49	42
20-29 (£500 payment)	17	19
19 and below	51	56

Blood Pressure

105 registered for the service, from October all will need to deliver 1 ABPM pcm to be eligible for fixed PFS payments

April 2025 – 35 contractors delivered at least one ABPM

May 2025 – 34 contractors delivered at least one ABPM

PQS 25/26

- **One Gateway:** Contractors must have signed up to deliver the **Pharmacy First Service** and the **Pharmacy Contraception service** by the end of 31 August 2025 and remain registered for both services until the end of the scheme, 31 March 2026. All registered professionals must have a DBS check.
- **Two Domains: Medicines Optimisation and Patient Safety.** The contractor must declare between 09:00 on 2 February 2026 and 23:59 on 27 February 2026 as having met and have evidence demonstrating meeting one or more of the domains.

The Domains

1 . Medicines Optimisation

- **Palliative Care and end of life care action plan.** Contractor must have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder' if they routinely hold the 16 palliative and end of life critical medicines and can support local access to parenteral haloperidol. Pharmacies must have end of life care action plans (pharmacies with plans from the 24/25 QPS need to be updated)
- **Consulting with people with mental health problems – CPPE training requirement**
- **Respiratory**
 - **Use of a spacer in patients aged 5-11Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months.**
- **Emergency Contraception - CPPE Learning & E-Assessment**

The Domains

2. Patient Safety

- **Antimicrobial Stewardship - Pharmacy First consultations -**
Contractors must complete a clinical audit, which will concern the clinical advice and consultations provided to patients scoring FeverPAIN 0-3 on the Pharmacy First Sore Throat clinical pathway. The 2025/26 clinical audit should be conducted from 1 September 2025 and completed no later than 31 March 2026
- **Sepsis - CPPE Learning & E-assessment** – CPPE training requirement

Key Dates – Pharmacy Quality Scheme (PQS)

Date	Criterion
1 st – 16 th May 2025	Aspiration payment window opens
1 st July 2025	Aspiration payment paid to pharmacy owners
31 st August 2025	Deadline to have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service to meet Gateway criterion
1 st September 2025	The Antimicrobial stewardship – Pharmacy first consultations clinical audit can be started from this date
2 nd February 2026	Declaration window opens at 9am
3 rd February 2026	Deadline to start the Antimicrobial Stewardship – Pharmacy First Service consultations audit (8 weeks left until 31 st March)
27 th February 2026	Declaration window closes at 11:59pm
31 st March 2026	Deadline for ensuring the requirements of the quality criteria (excluding those that need to be met by the day of the declaration) in the domains you have claimed for have been met
1 st April 2026	Pharmacy owners will be paid their PQS payment

Key events timeline





NMS and Depression

NMS and Depression

- From April the fee structure is simplified, £14 for intervention and £14 for completion and not a sliding scale.
- Payment per intervention, not per completed NMS.
- The fee or fees for the provision of NMS consultations for an individual patient should be claimed once the overall service provision has been concluded for that individual.
- Depression will be added to conditions suitable for NMS from October 2025, further details on this addition to the service will be published ahead of October 2025
- While no mandatory training is required for the specific addition of depression to the NMS, a related training program on consulting with people with mental health problems is included in the Pharmacy Quality Scheme (PQS).
- CPPE will signpost to their resources that will support CPD requirements in this area.

What do we know about depression?

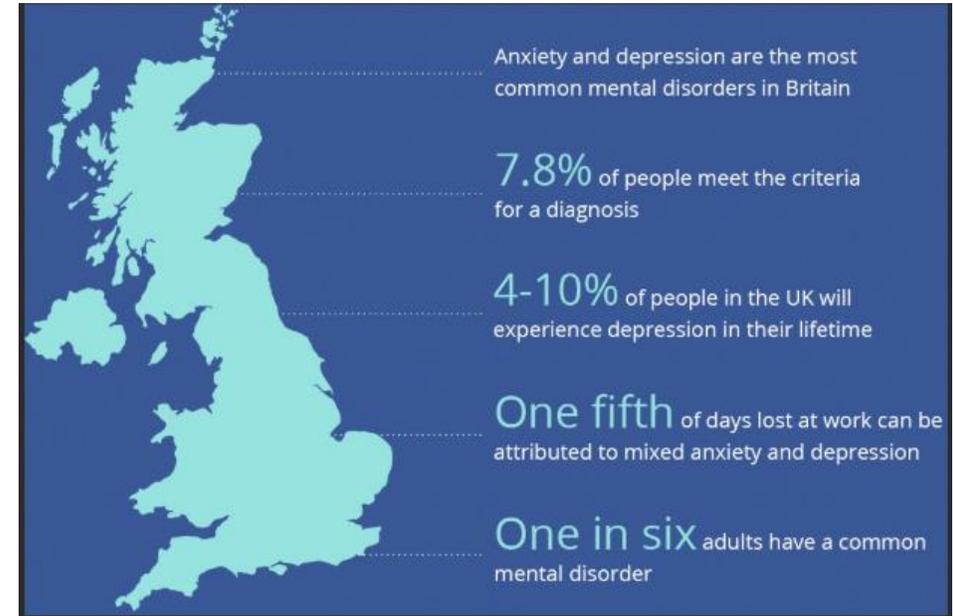


Around 1 in 6 (16%) adults experience moderate to severe depressive symptoms;



When comparing within population groups, prevalence of moderate to severe depressive symptoms is higher among adults who are :

economically inactive because of long-term sickness (59%),
unpaid carers for 35 or more hours a week (37%),
disabled adults (35%),
adults in the most deprived areas of England (25%),
young adults aged 16 to 29 years (28%) and
women (19%).



A handy chart to help you compare the medicines to help the symptoms of depression

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects <i>(see previous page for more details)*</i>						How long you could or should take it for	How to stop it
				Feeling sleepy	Weight gain	Feeling sick	Dry mouth	Sexual problems	Sleep problems		
SSRIs: citalopram, escitalopram, fluvoxamine, paroxetine, sertraline, fluoxetine	Citalopram, paroxetine and fluoxetine 20mg/d, sertraline 50-100mg/d, escitalopram 10mg/d	Boost serotonin	They take about 4 weeks for the full effect. But you should start to feel a bit better after a week or so.	●	●	●●●●	●	●●●●	●	Taking an antidepressant for 6 months after a first bout of depression really reduces the chances of becoming depressed again. For a second episode, 1-2 years seems best. For a third episode or more of depression, taking an antidepressant for at least 3-5 years reduces the chance of relapse. You might want to think about taking an antidepressant life-long.	Stop paroxetine slowly over several weeks. No big problems with the others
Venlafaxine	75-225mg each morning	Boost the amount of serotonin and noradrenaline		●	●	●●●●	●●	●●●●	●●●●		Stop slowly over at least 4 weeks
Mirtazapine	30mg at bedtime <i>(15mg is too low)</i>			●●●●	●●●●	○	○	○	●		No problems
Tricyclics e.g. amitriptyline, clomipramine, dosulepin, doxepin, imipramine, lofepramine, trimipramine	Usually 125-150mg a day. Lofepramine 140-280mg a day			●●●●	●●	●●	●●●●	●●	●●●●		Stop slowly over about 4 weeks
Duloxetine (Cymbalta®)	60mg each morning	Helps melatonin, boosts dopamine & noradrenaline		●	●	●●●●	●	●●	●●		No known problems
Agomelatine (Valdoxan®)	25-50mg at bedtime			○	○	○	○	○	○		
Vortioxetine (Brintellix®)	10mg a day (can be 5-20mg a day)			○	○	●●	●	○	○		
Trazodone	100-300mg nightly			●●●●	●	●●	○	●	○		
MAOIs e.g. phenelzine, tranylcypromine, isocarboxazid	Tranylcypromine and isocarboxazid 30mg/d. Phenelzine 45-90mg a day. <i>(need special diet)</i>	Blocks the breakdown of serotonin and noradrenaline		●	●●●●	●●	●●	●	●●●●		Stop slowly over about 4 weeks
Moclobemide	300-600mg a day			●	●	●●	●●	●	●●		
Reboxetine	8-12mg a day	Boosts noradrenaline	○	○	○	●●●●	○	●	No known problems		
Esketamine (Spravato®)	1-3 puffs (28-84mg) every 3-14 days	Possibly via NMDA receptors	Some effect in a day	●●	○	●	○	○	○	Up to about 6 months	Slowly over at least 4-12 weeks
Lithium (usually with other antidepressants)	Around 400-1000mg a day	We don't really know	May be a month or so	●	●●	●	○	○	○	At least two years	

V08.01b [SRB 7-2021] ©2021 Mistura™ Enterprise Ltd (www.choiceandmedication.org). Choice and Medication™ indemnity applies only to licensed subscribing organisations or individuals. This Chart is to help you know about your medicine options and help you to make any choices. A healthcare professional should help you with this and explain what it all means. We can't include everything that could be important to you on one sheet.

Although the information here may help you choose a medication, please remember that local (e.g. your GP practices) and national (e.g. NICE) guidance and rules may also affect the final decision.

How might you approach the consultation?

1. Speak with Empathy and Without Judgment

- **Be approachable** and listen without interrupting.
- Use phrases like:
 - *»You're not alone– many people feel this way and can get betterj«*

2. Provide Clear, Reassuring Medication Advice

- Explain how the medication works and **how long it takes** to start seeing results.
- Reassure them that **side effects are common early on**, but usually get better.
- Encourage them to **keep taking their medicine regularly** and not to stop suddenly.
- Example:
 - *»You might not feel better straight awayj. It can take a few weeks?but stick with it– this is part of how antidepressants workj«*

3. Emphasize the Importance of Follow-Up

- Remind them to **attend appointments** with their GP or mental health provider.
- Let them know they can **come back to you anytime** if they have concerns or need to talk about the medication.

4. Know When to Refer

- If they express **thoughts of self-harm or hopelessness**, gently encourage them to seek immediate support.
- Say:
 - » *You deserve help? and it's okay to ask for it; Would you feel comfortable talking to your GP or someone you trust today?*
 - Offer a helpline number like **Samaritans (116 123 in the UK)**.

5. Offer Practical Lifestyle Tips (Within Your Scope)

- Without giving “solutions,” you can mention:
 - Sleep routines
 - Regular meals, Nutrition, & Hydration
 - Gentle activity (like a short walk)
 - Keeping in touch with a trusted person
- Phrase it gently:
“Sometimes, just doing small things like sticking to a routine or eating regularly can help a bit.”

6. Maintain Boundaries but Show You Care

- You’re not a therapist—but your kindness, reliability, and willingness to listen can make a big difference.
- Avoid giving false reassurance like “You’ll be fine soon.” Instead, validate their experience and offer consistent support.

NMS and Depression

Contact your GP, local mental health service, or call a helpline:

- **Samaritans (116 123 - free, 24/7 in the UK)**
- **Breathing Space offers emotional support via 0800 83 85 87**
- The NHS [urgent mental health helpline](#) provides support or advice if you, or someone you know, is experiencing a mental health crisis and needs urgent help. Its available 24 hours a day.
- Phone: **111** and select option **2**

Now We're Talking

- The [Herefordshire and Worcestershire campaign website](#) has information, support, and resources for anyone struggling with a range of issues.
- The NHS website includes information and access to the [NHS Herefordshire and Worcestershire Talking Therapies](#) which provides free confidential online, group or 1:1 support for people experiencing common mental health problems, such as worry and depression.
- You must be 16 or over and registered with a GP in Worcestershire to access this service. For more information, call 0300 013 57 27 or complete the [online self-referral form](#).

SHOUT text service

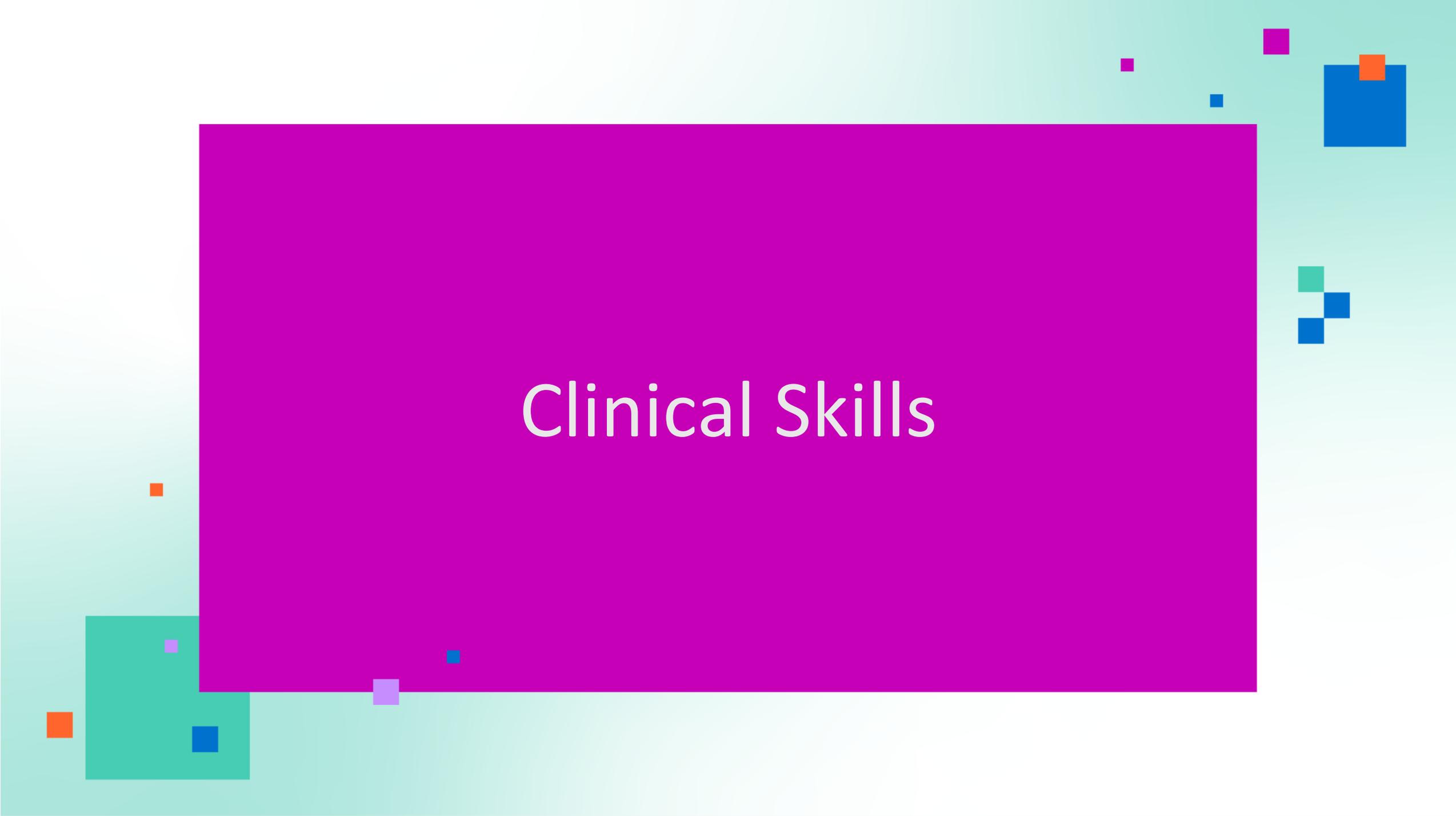
- By texting the word '**SHOUT**' to **85258**, you can access a free, confidential, 24/7 service and have a text conversation with a trained volunteer. The volunteers offer real time support to people who are anxious, stressed, depressed, suicidal or overwhelmed. Some people may prefer this to speaking on the phone. If appropriate, users will be signposted to other local services

Adult Social Care

- [Contact Adult Social Care](#) if you or someone you know needs social care support.

Worcestershire Safe Haven

- Safe Haven provides out-of-hours telephone and face to face support to adults (aged 18+) experiencing acute distress due to their mental health. The service is available 7 evenings a week 18:00 – 01:00 and is based in Redditch Town centre.
- People supported by Safe Haven are generally not considered at imminent risk of suicide or self-injury, or to pose an imminent risk of harm to others.
- Phone: [01905 600400](tel:01905600400) for queries or to discuss a referral or visit [Worcestershire Safe Haven](#) for more information.



Clinical Skills

7 Practical Steps to Ensure an Accurate Blood Pressure Reading

Before taking blood pressure check that the patient is well. Taking blood pressure when the patient is acutely unwell e.g. with an infection or in pain, or has been acutely unwell very recently, should be avoided.

1 DON'T TAKE THE MEASUREMENT OVER CLOTHES
Taking a BP over clothing can increase the measurement by 10-40mmHg.

2 AVOID TALKING & USE OF MOBILES
Talking can add 10-15mmHg. No talking, texting, scrolling or watching the phone.

3 UNCROSS THE LEGS
Crossed legs can add 2-8mmHg.

4 SIT WITH YOUR BACK STRAIGHT AND SUPPORTED
An unsupported back can add 5-10mmHg.

5 FEET SHOULD BE FLAT ON THE FLOOR
Unsupported feet can add 5-10mmHg.

6 ARM SHOULD BE SUPPORTED ON A FLAT SURFACE
An unsupported arm can add 10mmHg – if arm below heart level readings will be too high. If arm above heart level readings will be too low.

7 PLAN AHEAD
Avoid things that can raise the blood pressure in the short term. Patient should be calm and relaxed and advised not to drink caffeine, smoke or exercise for 30 minutes before the reading is taken. If patient needs to use the toilet, they should go before the reading is taken (a full bladder adds 10 – 15mmHg).



CPPE – support available



CPPE learning and resources supporting PQS and CPCF 2025/26

Pharmacy Quality Scheme 2025-26

CPPE learning programmes/assessments:

- [Consulting with people with mental health problems e-learning](#)
- [Emergency contraception e-learning](#) and [e-assessment](#)
- [Early recognition of sepsis e-learning](#) and [e-assessment](#)

[Pharmacy quality scheme](#) webpage

Additional support – Mental health

[Mental health learning gateway](#)

NMS expansion – depression

In addition to [Consulting with people with mental health problems e-learning](#) we

have a new workshop:

[Depression: having meaningful conversations - focal point : CPPE](#)



The screenshot shows the CPPE website interface. At the top, there is a search bar and navigation links. The 'Mental health' section is highlighted in purple and contains several interactive elements:

- Introduction:** 'Introduction to mental health' (with a play button icon).
- Test yourself:** 'Mental health quiz' (with a question mark icon).
- Book a workshop:** 'Mental health and wellbeing in primary care' (with a location pin icon).
- Core and foundation learning:** A row of four items:
 - 'Consulting with people with mental health problems' (with an information icon and a note: 'This resource is not currently available to you, click for more information.')
 - 'Consulting with people living with dementia' (with an information icon and a note: 'This resource is not currently available to you, click for more information.')
 - 'Suicide awareness' (with an information icon).
 - 'Consultation skills for pharmacy practice: taking a person-centred approach' (with an information icon).
- Core and foundation learning continued:** A row of three items:
 - 'Supporting people living with anxiety' (with an information icon).
 - 'Overcoming anxiety' (with an information icon).
 - 'College of Mental Health Pharmacists - education and research' (with an external resource icon).

Additional support – Contraception services

NHS Pharmacy Contraception Service (PCS)

Community pharmacy is well established in the provision of locally commissioned contraception and sexual health services.

Chapter 2 of the [NHS Long Term Plan \(LTP\)](#) highlights the importance of NHS services complementing the action taken by local government to support the commissioning of sexual health services. The LTP also outlines exploration of the future commissioning arrangements to widen access and create capacity where needed in sexual health services. Public Health England's 2019 [measure to commission and provide](#) highlighted the role community pharmacy can play in supporting ongoing contraception. In response to this, and in line with the Community Pharmacy Contractual Framework (CPCF) 2019 to 2024 commitment to 'test a range of prevention services', a local pharmacy contraception service has been designed.

The [Delivery Plan for increasing access to primary care](#) (May 2022) highlighted the ambition to expand the PCS to increase access to and convenience of contraception services in line with the Government's [Women's Health Strategy for England](#) (August 2022) that flagged community pharmacy had a part to play in increasing choice in the ways people can access contraception.

The aim of the Pharmacy Contraception Service (PCS) is to offer greater choice for people in terms of where they can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

This service will support the important role community pharmacy teams can play in helping address health inequalities. The service will help to provide wider healthcare access in local communities and support service users to local sexual health services in line with [NICE guideline NG105](#).

The following video vignettes share experiences of the NHS Pharmacy Contraception Service. We asked pharmacy professionals and service users to share what is good about the service, challenges that have been overcome in delivering this service, and their top tips for delivering a successful service. This is what they said. Click on the videos below to view.

[Supporting pharmacy professionals](#)
What is good about the NHS Pharmacy Contraception Service?
What challenges have you overcome in providing the NHS Pharmacy Contraception Service?

[What is good about the NHS Pharmacy Contraception Service?](#)
[What challenges have you overcome in providing the NHS Pharmacy Contraception Service?](#)

Useful phrases

This document was written by community pharmacy professionals who deliver the pharmacy contraception services to complement resources provided as part of the CPPE NHS Pharmacy Contraception Service, delivering effective consultations to initiate oral contraception workshops.

[Webinar: 20 mins 12 seconds](#)
This webinar is a panel discussion lasting for one hour including representatives from NHGE, Community Pharmacy England (CPE) and pharmacists delivering the contraception service to answer any questions that were raised during the face-to-face workshops that led to best practice service delivery.

[Webinar: 27 mins 38 seconds](#)
This webinar is the second panel discussion lasting for one hour including representatives from NHGE, Community Pharmacy England (CPE) and pharmacists delivering the contraception service to answer any questions that were raised during the face-to-face workshops that led to best practice service delivery.

[Webinar: 23 mins 58 seconds](#)
In response to the launch of the NHS Pharmacy Contraception Service, we have created this [panel discussion](#) making an intention of contraception, within this service. These include the choice of pill, and practical considerations for naming the service.
The [accompanying POC](#) contains links to references that are included in the video.

Emergency hormonal contraception

Introduction
Declaration of Competence
Book a workshop

CPPE CENTRE FOR PHARMACY POSTGRADUATE EDUCATION
Declaration of Competence
Introduction to emergency hormonal contraception
Emergency contraception
Emergency contraception

Core and foundation learning

elfh learning for healthcare
elfh learning for healthcare
Emergency contraception
Safeguarding Children Level 1 (learning for healthcare)
Safeguarding Children Level 2 (learning for healthcare)

Contraception

Introduction
Declaration of Competence
Book a workshop

CPPE CENTRE FOR PHARMACY POSTGRADUATE EDUCATION
Declaration of Competence
Introduction to contraception
Oral contraception
NHS Pharmacy Contraception Service delivering effective consultations to initiate contraception

Core and foundation learning

Contraception
Over the counter desogestrel progestogen only pills case study
Women's health: Contraception

Workshops:

- [NHS Pharmacy Contraception Service: delivering effective consultations to initiate contraception](#)

- [Emergency contraception online](#)

[Emergency contraception learning gateway](#)
[Contraception learning gateway](#)

Additional support – Sepsis

Factsheet
Sepsis

CPPE
CENTRE FOR PHARMACY
POSTGRADUATE EDUCATION

There are also [six CPPE case studies](#) to support your learning, including: Early recognition of sepsis in care home setting, children, community setting, general practice setting, hospital setting and pregnancy, and an e-assessment.

Prevalence and incidence
There are at least 200,000 cases of sepsis in the UK each year, causing around 48,000 deaths.² According to the UK Sepsis Trust, 'sepsis claims more lives than breast, bowel and prostate cancer put together.'² This is a direct cost to the NHS of at least £1.5 billion a year, accounting for one percent of the annual NHS budget.² But even these numbers may be under-estimates, as some of the more than 1.5 million patients a year who have a severe infection in England may have undiagnosed sepsis. 'Whichever way we cut it, sepsis is huge'.²

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Signs and symptoms
The infographics below summarise the symptoms that people should be advised to look out for:³

Sepsis in Adults

How to spot sepsis in adults

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- It feels like you're going to die
- Skin mottled or discoloured

If you or another adult develop any of these signs, it is important to seek urgent medical attention.

Call 111 or contact your GP if you are worried about an infection.

Sepsis in Children

A child may have sepsis if they:

- Are breathing very fast
- Have a 'fit' or convulsion
- Look mottled, bluish or pale – on darker pigmented skin, colour changes may show on the inside of the forearms or palms
- Have a rash that does not fade when you press it
- Are very lethargic or difficult to wake
- Feel abnormally cold to touch

Children Under Five

A child under five years old may have sepsis if they:

- Are not feeding
- Are vomiting repeatedly
- Have not passed urine for 12 hours

Call 111 or contact your GP if you are worried about an infection.

Page 3

[Sepsis learning gateway](#) and [factsheet](#)

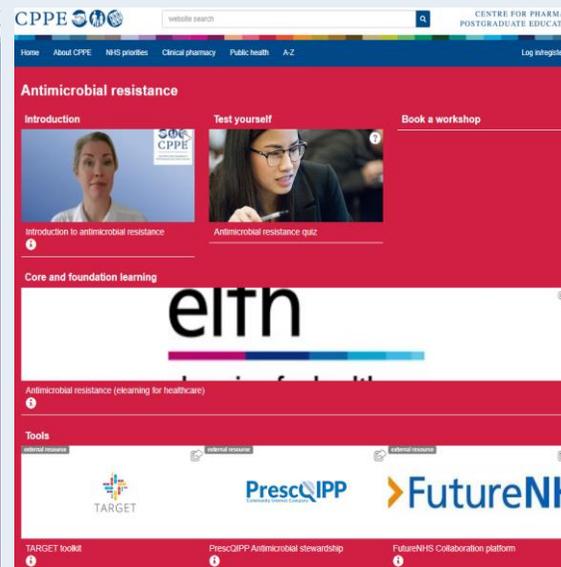


The screenshot shows the CPPE website interface for Sepsis. It includes a navigation bar with links for Home, About CPPE, NHS practice, Clinical pharmacy, Public health, A-Z, and Log in/register. The main content area is titled 'Sepsis' and features sections for 'Introduction' (with a video thumbnail), 'Assessment' (with a video thumbnail), and 'Core and foundation learning'. The 'Core and foundation learning' section lists several early recognition topics: community setting, hospital setting, general practice setting, children, pregnancy, and care home setting. At the bottom, there is a banner for the Royal College of Physicians with the text 'Just Say Sepsis!' and a link to a report on patient outcome and death.

Tips for e-assessment

- It's open book – have factsheet & other resources open
- Have NEWS2 calculator available and be confident in using
- Link to practice – what would you do
- Know higher risk groups and actions to take
- Know when not to use NEWS2
- Understand background of Sepsis and importance of its recognition

Additional support



Additional support – Pharmacy first

NHS Pharmacy First service

The NHS Pharmacy First service launches as a new advanced service of the community pharmacy contract on Wednesday 31st January 2024.

Pharmacy First replaces the Community Pharmacist Consultation Service (CPCS) and includes seven new clinical pathways. The full Pharmacy First service consists of three elements:

- Clinical pathways – a new element of the service
- Urgent repeat medicine supply – previously within CPCS
- NHS referrals for minor illness – previously within CPCS

More details of this advanced service are available from [NHS England](#) and [Community Pharmacy England](#).

Providing the service requires community pharmacists to be appropriate for seven common conditions (following):

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

CPPE has a range of learning resources to prepare self-assessment frameworks developed in partnership with the NHS to provide all three elements of the NHS Pharmacy First service as required.

You can download a copy of the Pharmacy First service manual.

- ▼ NHS Pharmacy First service –
- ▼ Competency requirements
- ▼ Evidence of competence
- ▼ Learning resources to support your development
- ▼ Useful CPPE resources to support the delivery of Pharmacy First (Not mandatory)



Workshops:

[*NHS Pharmacy First: Clinical assessment – essential skills online workshop*](#)

[*NHS Pharmacy First: Clinical assessment and examination skills full-day workshop*](#) **19th June**

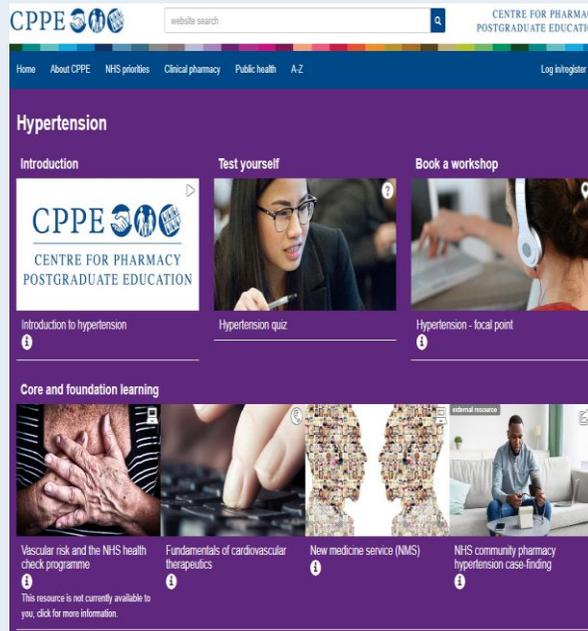
[*NHS Pharmacy First: Ear, nose and throat clinical assessment skills*](#)

[NHS Pharmacy First](#) webpage

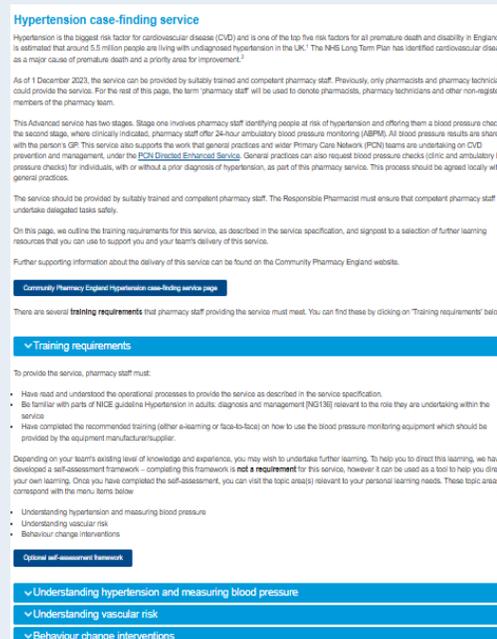
Supporting skill mix - Pharmacy technicians

- [Pharmacy technicians: using patient group directions in practice](#)
- [Patient group directions \(elearning for healthcare\)](#)
- Coming soon... *Support for pharmacy technicians working under PGDs – focus on smoking cessation and emergency contraception services*
- [Pharmacy technician impact groups](#)
- [Community pharmacy technician: advancing your role](#)

Additional support – Hypertension



The screenshot shows the CPPE website interface. At the top, there's a search bar and navigation links. The main content area is titled 'Hypertension' and is divided into several sections: 'Introduction' with a sub-section 'Introduction to hypertension', 'Test yourself' with a 'Hypertension quiz', and 'Book a workshop' with a 'Hypertension - focal point'. Below these is a 'Core and foundation learning' section with four resource thumbnails: 'Vascular risk and the NHS health check programme', 'Fundamentals of cardiovascular therapeutics', 'New medicine service (NMS)', and 'NHS community pharmacy hypertension case-finding'. A note at the bottom of the first thumbnail states: 'This resource is not currently available to you, click for more information.'



The screenshot shows the 'Hypertension case-finding service' webpage. It starts with a title and a paragraph explaining that hypertension is a major risk factor for cardiovascular disease and that the NHS Long Term Plan has identified it as a priority area. It then states that the service will be provided by suitably trained and competent pharmacy staff. A section titled 'Training requirements' lists three mandatory items for pharmacy staff: understanding the operational processes, familiarity with NICE guidelines, and completion of recommended training. Below this is an 'Optional self-assessment framework' section with three expandable items: 'Understanding hypertension and measuring blood pressure', 'Understanding vascular risk', and 'Behaviour change interventions'.

New Workshop: Blood pressure assessment in community pharmacy: essential skills

Sunday 11th
November 2025

[Hypertension learning gateway](#) and
[Hypertension case-finding service](#) webpage



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CPPE – Leading for Change

Leadership and change management

Leading for Change

Why should you apply for the *Leading for change* online programme?

More confidence in your leadership skills

Increased awareness of yourself and your abilities as a leader, enabling you to more clearly identify:

- your leadership styles and behaviours
- how to be assertive and influence others
- how to manage conflict and negotiate
- how to develop your own resilience.

Directly relevant to actual situations ready to apply in the workplace

Undertake a workplace project which is relevant to your organisation and aims to improve outcomes.

Online module support includes:

- Managing change
- Managing your project
- Stakeholder engagement
- Business planning and finances

Improve team working

Inspire and achieve the best from your team. Develop your skills to achieve a successful team that delivers outcomes for your organisation.

Online modules include:

- Building a successful team
- Team culture and dysfunctional teams
- Motivating your team
- Managing performance
- Coaching, mentoring, delegating

Expand your networking

The online workshops and discussion forums provide an excellent opportunity for you to network and share ideas, problems and potential solutions across the wider healthcare system throughout England.

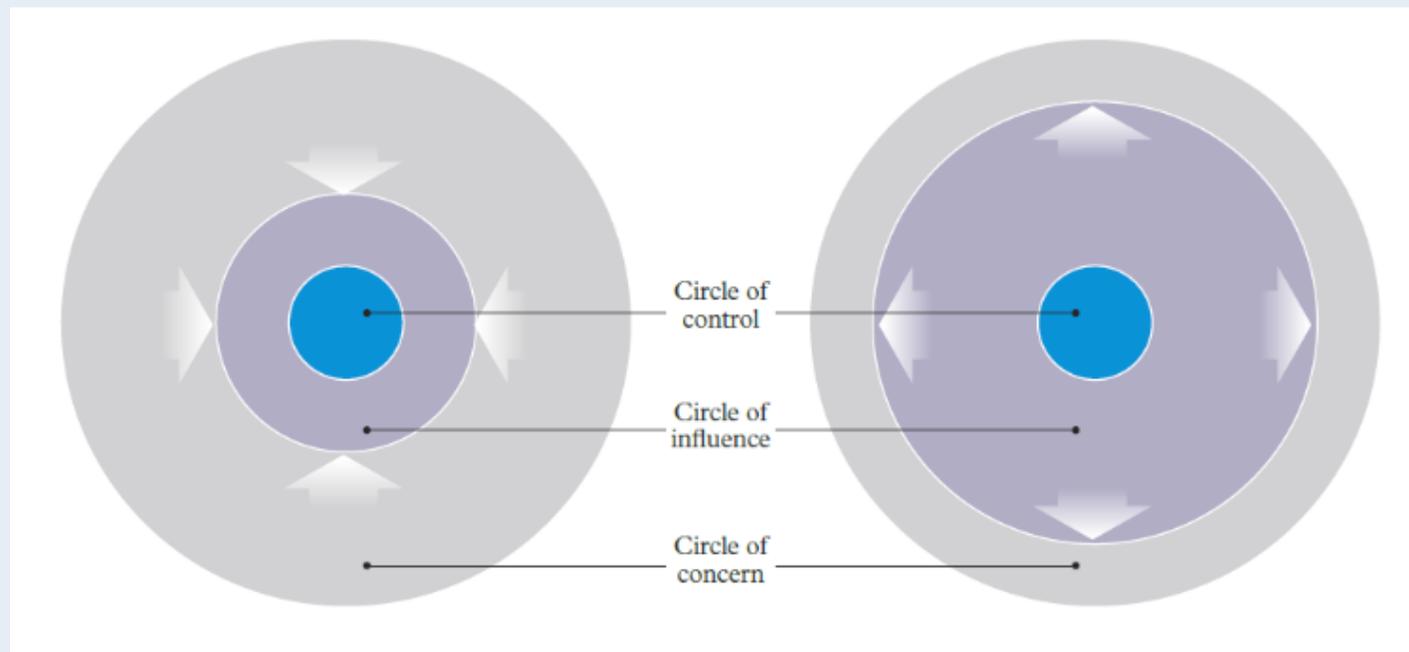
- Achieving your potential
- Developing and managing services
- Inspiring and achieving the best from your team
- Pharmacy within the wider healthcare system

Stephen Covey's circles

The **circle of concern** contains everything that you worry about but that you have little or no control over.

The **circle of influence** includes all things that you have direct influence over, such as work, family and your health.

Within your circle of influence is a further subset of all the things that you have direct and full control of – this is your **circle of control**.

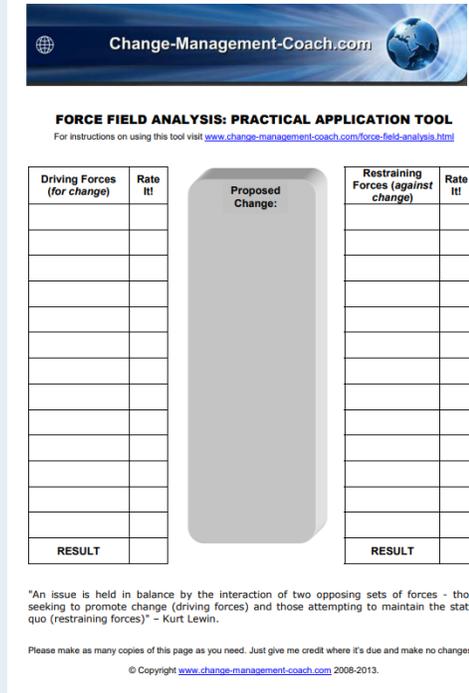


Managing change

Kotter's change model

- Create urgency
- Form a powerful coalition
- Create a vision for change
- Communicate the vision
- Remove obstacles
- Empower people and create short-term wins
- Consolidate gains
- Anchor the changes in the culture

Force field analysis



Change-Management-Coach.com

FORCE FIELD ANALYSIS: PRACTICAL APPLICATION TOOL
For instructions on using this tool visit www.change-management-coach.com/force-field-analysis.html

Driving Forces (for change)	Rate It!	Proposed Change:	Restraining Forces (against change)	Rate It!	
RESULT			RESULT		

An issue is held in balance by the interaction of two opposing sets of forces - those seeking to promote change (driving forces) and those attempting to maintain the status quo (restraining forces) - Kurt Lewin.
Please make as many copies of this page as you need. Just give me credit where it's due and make no changes!
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Fisher's transition curve



Fisher's transition curve - Activity

Consider the current changes in community pharmacy.

In groups, discuss:

- Where are you and your team on the curve?
- Discuss what barriers you are facing?
- How can you and your team move through the transition?



One member of the group to briefly feedback one key point raised.



- Where are you and your team on the curve?
- Discuss what barriers you are facing?
- How can you and your team move through the transition?

Leading for change

Cohort 5

Online course begins on Monday 6 October 2025

Monday afternoons 12:30pm to 3:30pm

20 October 2025

17 November 2025

12 January 2026

9 February 2026

End of course submissions deadline: Monday 23
March 2026

Cohort 6

Online course begins on Monday 6 October 2025

Tuesday mornings 9:30am to 12:30pm

14 October 2025

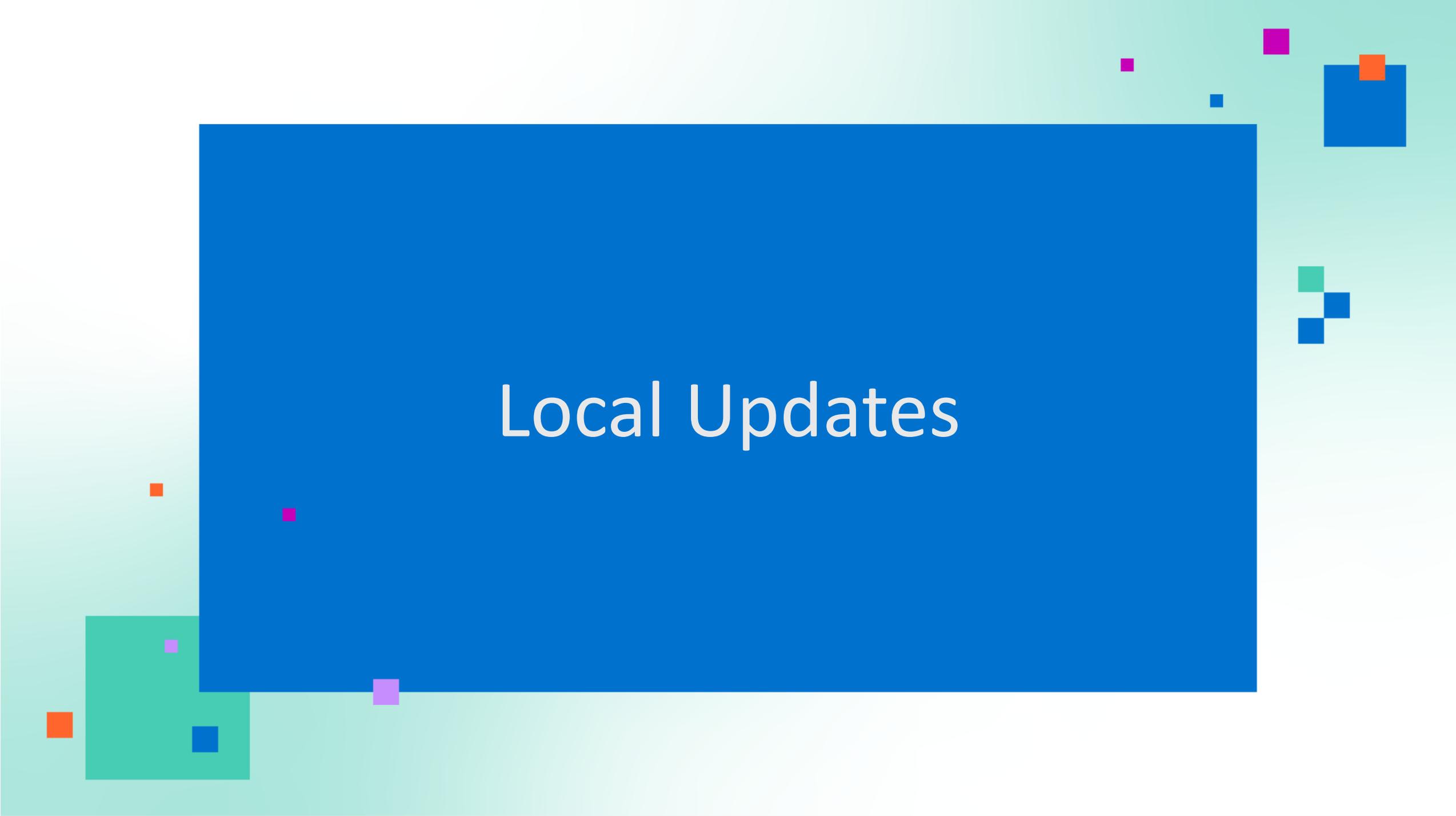
25 November 2025

6 January 2026

10 February 2026

End of course submissions deadline: Monday 30 March
2026

Local Updates

A large blue rectangle is centered on the page, containing the text "Local Updates". The background is a light teal gradient. Scattered around the blue rectangle are several small, solid-colored squares in various colors: orange, pink, purple, blue, and green. Some of these squares are grouped together, such as a cluster of blue and green squares on the right side and a cluster of orange, pink, and purple squares on the left side.



Closing Remarks

- Thank you to presenters and attendees
- What we have covered
- Any questions?
- Feedback request
- Upcoming events:
 - CPE Workshop in Warwick Racecourse on 16th July [2025 Community Pharmacy England Workshops - Community Pharmacy England](#) – 7-9.30pm (booking close by 9th July)
 - CPHW LPC Meeting and strategy session 10th July in Worcester 10.30 am - 1pm

References

- Virtual Outcomes Training for pharmacy teams, new modules on CPCF settlement and PQS <https://virtualoutcomes.co.uk/>
- CPE Briefing Document - Funding settlement <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlementfor-2024-25-and-2025-26.pdf>
- CPE - Funding Settlement Infographic <https://cpe.org.uk/wp-content/uploads/2025/03/Infographic-CPCF-Settlement-202425and-202526-1.pdf> CPE - Clinical Services now paid in Advance payment <https://cpe.org.uk/our-news/contract-changes-clinical-services-to-be-included-in-advancepayments/>
- CPE - General funding FAQ's <https://cpe.org.uk/our-news/contract-changes-general-funding-faqs/> CPE - Indicative Income calculator - link can be found on this page <https://cpe.org.uk/our-news/cpcf-arrangements-for-2024-25-and-2025-26-announced/>
- CPE - NMS Service - when can you claim? <https://cpe.org.uk/wp-content/uploads/2025/04/NMS-when-are-payments-claimableApr-2025.pdf> NHSBSA Pharmacy First Clinical Pathway Caps <https://cpe.org.uk/our-news/pharmacy-first-clinical-pathways-caps-published-forapril-2025/>
- CPE - DSP Regulatory FAQs <https://cpe.org.uk/our-news/contract-changes-dsp-regulatory-faqs/> Pharmacy Quality Scheme 25/26 <https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

References

Dmdx <https://www.demdx.com/>

Accurx <https://www accurx.com/>

Nhs app - <https://www.nhs.uk/nhs-app/>

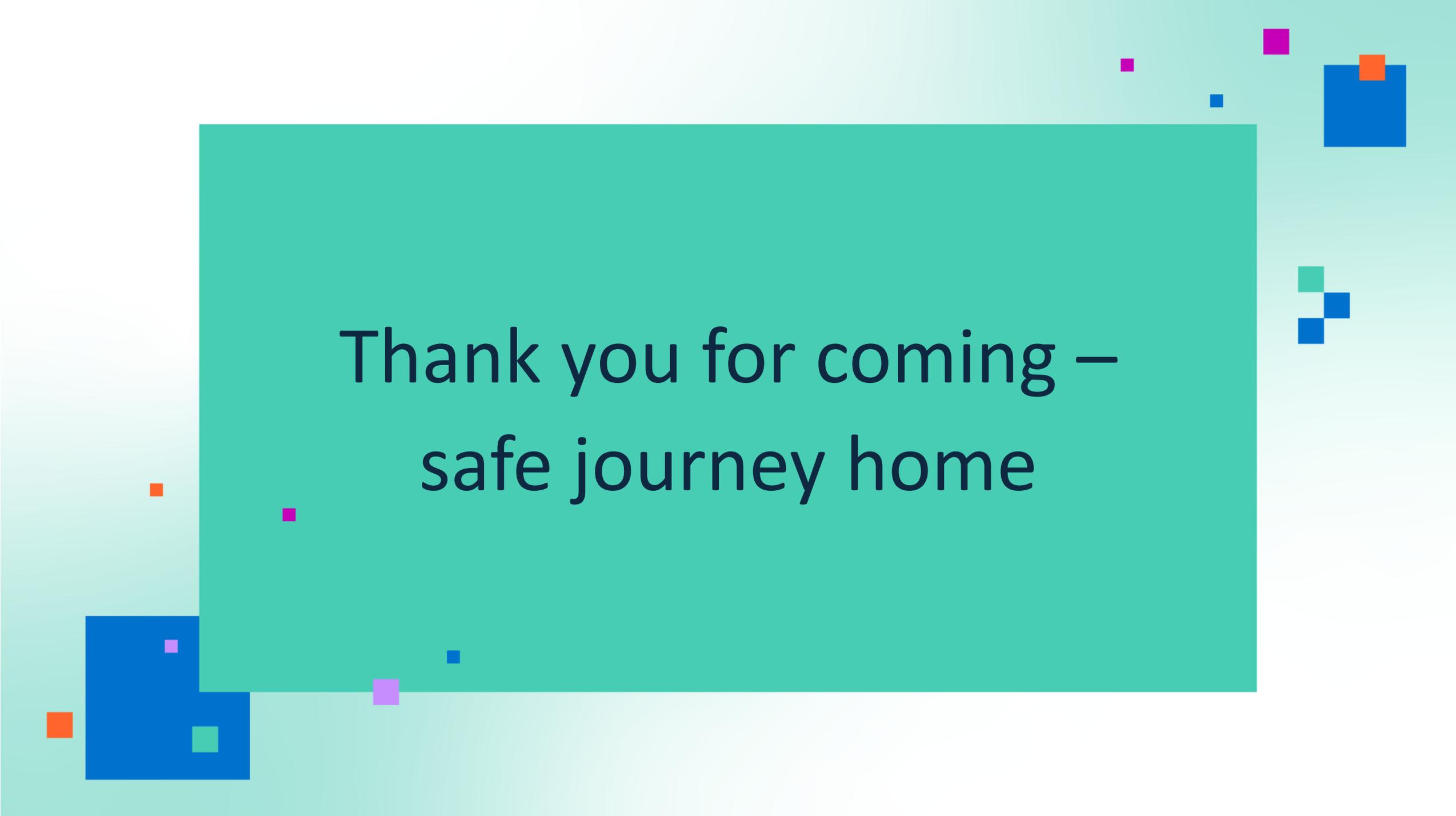
CPE Community Pharmacy England Workshops in July

Covering:

- The impact of the CPCF settlement for 2025/26.
- Challenges community pharmacies continue to face.
- Pharmacy's place in the NHS 10-Year Health Plan.
- Preparations for 2026/27 negotiations.
- How best to support community pharmacies to plan for the future.

[Book
here](#)

<https://cpe.org.uk/our-news/2025-community-pharmacy-england-workshops/>



Thank you for coming –
safe journey home